

Amendment No. ____ (for drafter's use only)

| | <u>Senate</u> | CHAMBER ACTION | <u>House</u> |
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ORIGINAL STAMP BELOW

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Representative(s) Ross offered the following:

Amendment to Amendment (833993) (with title amendment)

On page 14, lines 6-11

remove: all of said lines

and insert:

(a) Except for emergency care treatment, fees for medical services are payable only to a health care provider certified and authorized to render remedial treatment, care, or attendance under this chapter. A health care provider may not collect or receive a fee from an injured employee within this state, except as otherwise provided by this chapter. Such providers have recourse against the employer or carrier for payment for services rendered in accordance with this chapter.

(b) Fees charged for remedial treatment, care, and attendance, except for independent medical examinations, may not exceed the applicable fee schedules adopted under this chapter.

(c) The Department of Insurance shall conduct a study of the impact of allowing certified health care providers to

1 negotiate fees with employers and carriers, both above and
2 below the fee schedule and the impact on rates charged to
3 employers and the cost to carriers as a result of allowing
4 negotiated fees. Potential differences in the ability of
5 health care providers to negotiate fees shall be studied with
6 respect to provider categories, including, but not limited to
7 the categories of surgical and non-surgical specialties. The
8 study shall also analyze:

- 9 1. the incentives that are created for
10 over-utilization or under-utilization of medical services;
- 11 2. the degree to which insurance carriers are active
12 and effective in utilization control measures;
- 13 3. the effect of changes in medical fees on access to
14 quality care or changing patterns of utilization;
- 15 4. the current impact on access to primary care and
16 special services to the injured workers with fees which are
17 below Medicare fee levels;
- 18 5. any actual or potential effects on health care
19 accessibility to the injured worker;
- 20 6. the ability of a carrier to find physicians to
21 treat injured workers under the current system or other
22 negotiated systems; and
- 23 7. the impact on the injured worker and on carrier
24 costs relative to hospital billing practices for usual and
25 customary rates versus per hospital diem rates.

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27 The Department shall submit a report with recommendations to
28 the President of the Senate and the Speaker of the House of
29 Representatives on or before December 31, 2002.

30 (d)(e) Notwithstanding any other provision of this
31 chapter, following overall maximum medical improvement from an

1 injury compensable under this chapter, the employee is
2 obligated to pay a copayment of \$10 per visit for medical
3 services. The copayment shall not apply to emergency care
4 provided to the employee.

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7 ===== T I T L E A M E N D M E N T =====

8 And the title is amended as follows:

9 On page 33, line 23 of the amendment

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11 after "fees;" insert:

12 providing for a study of provider
13 reimbursement;

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