

SENATE BILL No. 136

By Committee on Financial Institutions and Insurance

1-28

9 AN ACT relating to insurance; concerning the patient protection act;
10 prohibited provisions in agreement; amending K.S.A. 40-4607 and re-
11 pealing the existing section.
12

13 *Be it enacted by the Legislature of the State of Kansas:*

14 Section 1. K.S.A. 40-4607 is hereby amended to read as follows: 40-
15 4607. (a) A health insurer providing a health benefit plan shall maintain
16 a provider network that is sufficient in numbers and types of providers
17 to assure that all covered services to an insured will be accessible without
18 unreasonable delay. Sufficiency of the provider network shall be deter-
19 mined in accordance with the requirements of this section, and may be
20 established by reference to any reasonable criteria used by the health
21 insurer, including but not limited to: provider-insured ratios by specialty;
22 primary care provider-insured ratios; geographic accessibility; waiting
23 times for appointments with participating providers; hours of operation;
24 and the availability of technological and specialty services to serve the
25 needs of insureds requiring technologically advanced or specialty care.

26 (b) A health insurer shall have a plan by which an insured with a life-
27 threatening, chronic, degenerative or disabling condition or disease,
28 which requires specialized medical care over a prolonged period of time,
29 may receive a referral to a specialist with expertise in treating such disease
30 or condition who shall be responsible for and capable of providing and
31 coordinating the insured's specialty care.

32 (c) Nothing in this section shall require a health insurer to provide
33 benefits not otherwise covered by the terms of the health benefits plan.

34 (d) A provider network shall not be determined to be insufficient for
35 failure to contract with any provider unwilling to contract under the same
36 terms and conditions, including reimbursement levels, as such health in-
37 surer offers to other similarly situated health care providers.

38 (e) *A health insurer shall not include a provision in an agreement*
39 *with any provider which:*

40 (1) *Prohibits, or grants the health insurer an option to prohibit, a*
41 *provider from contracting with another health insurer to accept a lower*
42 *reimbursement than the payment specified in the agreement;*

43 (2) *requires, or grants the health insurer an option to require, the*

1 *provider to accept a lesser reimbursement from the health insurer if the*
2 *provider agrees with another carrier to accept the lower reimbursement*
3 *for services;*

4 *(3) terminates, renegotiates or grants the health insurer an option to*
5 *terminate or renegotiate the agreement, if the provider agrees to accept a*
6 *lower payment from a different carrier for services; or*

7 *(4) requires the provider to disclose such provider's contracted re-*
8 *imbursement rates with other health insurers.*

9 *Any contract provision that violates this subsection is void and unen-*
10 *forceable.*

11 *Sec. 2. K.S.A. 40-4607 is hereby repealed.*

12 *Sec. 3. This act shall take effect and be in force from and after its*
13 *publication in the statute book.*