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# A BILL FOR AN ACT

RELATING TO INSURANCE.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1           SECTION 1. The legislature finds that section 2706 of the  
2 federal Public Health Service Act (section 2706), as added by  
3 section 1201 of the federal Patient Protection and Affordable  
4 Care Act of 2010 (Affordable Care Act), prohibits a group health  
5 plan and a health insurance insurer offering group or individual  
6 health insurance coverage from discriminating with respect to  
7 participation under the plan or coverage against any health care  
8 provider who is acting within the scope of that provider's  
9 license or certification under applicable state law.

10           The legislature further finds that section 2706 has been  
11 understood to prohibit plans from covering a given service when  
12 offered by one type of licensed provider while denying coverage  
13 when the same service is provided by another type of licensed  
14 provider. The legislature additionally finds that  
15 discrimination against any provider group, as a whole, is  
16 harmful to patients and restricts their ability to select the  
17 provider of their choice.



1           The legislature also finds that health plans and insurance  
2 companies in the State have limited the types of health care  
3 providers permitted to provide services to their members by  
4 excluding certain non-medical doctor licensed providers. In  
5 particular, naturopathic physicians are often excluded from  
6 insurance contracts in Hawaii, which forces patients who choose  
7 a naturopathic physician as their primary care provider to pay  
8 out of pocket for their primary care needs.

9           The legislature concludes that the ability for patients to  
10 choose the licensed provider of their choice is integral to the  
11 intended full implementation of the Affordable Care Act and is  
12 an embodiment of the federal government's goals of better  
13 access, increased cost efficiency, and enhanced quality of  
14 health care.

15           Accordingly, the purpose of this Act is to provide clarity  
16 that naturopathic physicians must be compensated appropriately,  
17 similar to other licensed providers and without discrimination,  
18 per the requirements of section 2706 of the Affordable Care Act.

19           SECTION 2. Chapter 431, Hawaii Revised Statutes, is  
20 amended by adding a new section to article 10A to be  
21 appropriately designated and to read as follows:



1           "§431:10A-        Naturopathic physicians; non-discrimination;  
2 coverage. (a) An individual and group accident and health or  
3 sickness policy, contract, plan, or agreement that provides  
4 health care coverage shall provide coverage for medically  
5 necessary health care services covered by the policy, contract,  
6 plan, or agreement when provided by a naturopathic physician  
7 licensed under chapter 455 for treatment within the naturopathic  
8 physician's scope of practice.

9           (b) Health care services provided by naturopathic  
10 physicians may be subject to reasonable deductibles, copayment  
11 and coinsurance amounts, fee or benefit limits, practice  
12 parameters, cost-effectiveness and clinical efficacy standards,  
13 and utilization review consistent with any applicable law or  
14 rules.

15           (c) Any amounts, limits, standards, and review shall not  
16 function to direct treatment in a manner that unfairly  
17 discriminates against the practice of naturopathic medicine.  
18 These amounts, limits, standards, and review shall be no more  
19 restrictive than those applicable under the same policy,  
20 contract, plan, or agreement to care or services provided by  
21 other primary care providers; provided that any amounts, limits,



1 standards, and review may allow for the management of the  
2 benefit consistent with variations in practice patterns and  
3 treatment modalities among different types of health care  
4 providers.

5 (d) An individual and group accident and health or  
6 sickness policy, contract, plan, or agreement may require that a  
7 naturopathic physician's services be provided by a licensed  
8 naturopathic physician under contract with an insurer or shall  
9 be covered in a manner consistent with out-of-network provider  
10 reimbursement practices for primary care providers.

11 (e) This section shall not be construed to impede or  
12 prevent the provision or coverage of health care services by  
13 licensed naturopathic physicians acting within their authorized  
14 scope of practice."

15 SECTION 3. Chapter 432, Hawaii Revised Statutes, is  
16 amended by adding a new section to article 1 to be appropriately  
17 designated and to read as follows:

18 "**\$432:1- Naturopathic physicians; non-discrimination;**  
19 **coverage.** (a) An individual and group hospital or medical  
20 service plan, policy, contract, or agreement that provides  
21 coverage shall provide coverage for medically necessary health



1 care services covered by the plan, policy, contract, or  
2 agreement when provided by a naturopathic physician licensed  
3 under chapter 455 for treatment within the naturopathic  
4 physician's scope of practice.

5 (b) Health care services provided by naturopathic  
6 physicians may be subject to reasonable deductibles, copayment  
7 and coinsurance amounts, fee or benefit limits, practice  
8 parameters, cost-effectiveness and clinical efficacy standards,  
9 and utilization review consistent with any applicable law or  
10 rules.

11 (c) Any amounts, limits, standards, and review shall not  
12 function to direct treatment in a manner that unfairly  
13 discriminates against the practice of naturopathic medicine.  
14 These amounts, limits, standards, and review shall be no more  
15 restrictive than those applicable under the same plan, policy,  
16 contract, or agreement to care or services provided by other  
17 primary care providers; provided that any amounts, limits,  
18 standards, and review may allow for the management of the  
19 benefit consistent with variations in practice patterns and  
20 treatment modalities among different types of health care  
21 providers.



1        (d) An individual and group hospital or medical service  
2 plan, policy, contract, or agreement may require that a  
3 naturopathic physician's services be provided by a licensed  
4 naturopathic physician under contract with a mutual benefit  
5 society or shall be covered in a manner consistent with out-of-  
6 network provider reimbursement practices for primary care  
7 providers.

8        (e) This section shall not be construed to impede or  
9 prevent the provision or coverage of health care services by  
10 licensed naturopathic physicians acting within their authorized  
11 scope of practice."

12        SECTION 4. Chapter 432D, Hawaii Revised Statutes, is  
13 amended by adding a new section to be appropriately designated  
14 and to read as follows:

15        "§432D-        Naturopathic physicians; non-discrimination;  
16 coverage. (a) A health maintenance organization that provides  
17 coverage under an individual contract or group contract shall  
18 provide coverage for medically necessary health care services  
19 covered by the individual contract or group contract when  
20 provided by a naturopathic physician licensed under chapter 455



1 for treatment within the naturopathic physician's scope of  
2 practice.

3 (b) Health care services provided by naturopathic  
4 physicians may be subject to reasonable deductibles, copayment  
5 and coinsurance amounts, fee or benefit limits, practice  
6 parameters, cost-effectiveness and clinical efficacy standards,  
7 and utilization review consistent with any applicable law or  
8 rules.

9 (c) Any amounts, limits, standards, and review shall not  
10 function to direct treatment in a manner that unfairly  
11 discriminates against the practice of naturopathic medicine.  
12 These amounts, limits, standards, and review shall be no more  
13 restrictive than those applicable under the same plan, policy,  
14 contract, or agreement to care or services provided by other  
15 primary care providers; provided that any amounts, limits,  
16 standards, and review may allow for the management of the  
17 benefit consistent with variations in practice patterns and  
18 treatment modalities among different types of health care  
19 providers.

20 (d) A health maintenance organization may require that a  
21 naturopathic physician's services be provided by a licensed



1 naturopathic physician under contract with a health maintenance  
2 organization or shall be covered in a manner consistent with  
3 out-of-network provider reimbursement practices for primary care  
4 providers.

5 (e) This section shall not be construed to impede or  
6 prevent the provision or coverage of health care services by  
7 licensed naturopathic physicians acting within their authorized  
8 scope of practice."

9 SECTION 5. Section 431:13-103, Hawaii Revised Statutes, is  
10 amended by amending subsection (a) to read as follows:

11 "(a) The following are defined as unfair methods of  
12 competition and unfair or deceptive acts or practices in the  
13 business of insurance:

14 (1) Misrepresentations and false advertising of insurance  
15 policies. Making, issuing, circulating, or causing to  
16 be made, issued, or circulated, any estimate,  
17 illustration, circular, statement, sales presentation,  
18 omission, or comparison which:

19 (A) Misrepresents the benefits, advantages,  
20 conditions, or terms of any insurance policy;





- 1 (B) Misrepresents the dividends or share of the
- 2 surplus to be received on any insurance policy;
- 3 (C) Makes any false or misleading statement as to the
- 4 dividends or share of surplus previously paid on
- 5 any insurance policy;
- 6 (D) Is misleading or is a misrepresentation as to the
- 7 financial condition of any insurer, or as to the
- 8 legal reserve system upon which any life insurer
- 9 operates;
- 10 (E) Uses any name or title of any insurance policy or
- 11 class of insurance policies misrepresenting the
- 12 true nature thereof;
- 13 (F) Is a misrepresentation for the purpose of
- 14 inducing or tending to induce the lapse,
- 15 forfeiture, exchange, conversion, or surrender of
- 16 any insurance policy;
- 17 (G) Is a misrepresentation for the purpose of
- 18 effecting a pledge or assignment of or effecting
- 19 a loan against any insurance policy;
- 20 (H) Misrepresents any insurance policy as being
- 21 shares of stock;



- 1 (I) Publishes or advertises the assets of any insurer  
2 without publishing or advertising with equal  
3 conspicuousness the liabilities of the insurer,  
4 both as shown by its last annual statement; or
- 5 (J) Publishes or advertises the capital of any  
6 insurer without stating specifically the amount  
7 of paid-in and subscribed capital;
- 8 (2) False information and advertising generally. Making,  
9 publishing, disseminating, circulating, or placing  
10 before the public, or causing, directly or indirectly,  
11 to be made, published, disseminated, circulated, or  
12 placed before the public, in a newspaper, magazine, or  
13 other publication, or in the form of a notice,  
14 circular, pamphlet, letter, or poster, or over any  
15 radio or television station, or in any other way, an  
16 advertisement, announcement, or statement containing  
17 any assertion, representation, or statement with  
18 respect to the business of insurance or with respect  
19 to any person in the conduct of the person's insurance  
20 business, which is untrue, deceptive, or misleading;



1 (3) Defamation. Making, publishing, disseminating, or  
2 circulating, directly or indirectly, or aiding,  
3 abetting, or encouraging the making, publishing,  
4 disseminating, or circulating of any oral or written  
5 statement or any pamphlet, circular, article, or  
6 literature which is false, or maliciously critical of  
7 or derogatory to the financial condition of an  
8 insurer, and which is calculated to injure any person  
9 engaged in the business of insurance;

10 (4) Boycott, coercion, and intimidation.

11 (A) Entering into any agreement to commit, or by any  
12 action committing, any act of boycott, coercion,  
13 or intimidation resulting in or tending to result  
14 in unreasonable restraint of, or monopoly in, the  
15 business of insurance; or

16 (B) Entering into any agreement on the condition,  
17 agreement, or understanding that a policy will  
18 not be issued or renewed unless the prospective  
19 insured contracts for another class or an  
20 additional policy of the same class of insurance  
21 with the same insurer;



- 1 (5) False financial statements.
- 2 (A) Knowingly filing with any supervisory or other
- 3 public official, or knowingly making, publishing,
- 4 disseminating, circulating, or delivering to any
- 5 person, or placing before the public, or
- 6 knowingly causing, directly or indirectly, to be
- 7 made, published, disseminated, circulated,
- 8 delivered to any person, or placed before the
- 9 public, any false statement of a material fact as
- 10 to the financial condition of an insurer; or
- 11 (B) Knowingly making any false entry of a material
- 12 fact in any book, report, or statement of any
- 13 insurer with intent to deceive any agent or
- 14 examiner lawfully appointed to examine into its
- 15 condition or into any of its affairs, or any
- 16 public official to whom the insurer is required
- 17 by law to report, or who has authority by law to
- 18 examine into its condition or into any of its
- 19 affairs, or, with like intent, knowingly omitting
- 20 to make a true entry of any material fact



1                   pertaining to the business of the insurer in any  
2                   book, report, or statement of the insurer;

3       (6) Stock operations and advisory board contracts.  
4           Issuing or delivering or permitting agents, officers,  
5           or employees to issue or deliver, agency company stock  
6           or other capital stock, or benefit certificates or  
7           shares in any common-law corporation, or securities or  
8           any special or advisory board contracts or other  
9           contracts of any kind promising returns and profits as  
10          an inducement to insurance;

11       (7) Unfair discrimination.  
12           (A) Making or permitting any unfair discrimination  
13           between individuals of the same class and equal  
14           expectation of life in the rates charged for any  
15           policy of life insurance or annuity contract or  
16           in the dividends or other benefits payable  
17           thereon, or in any other of the terms and  
18           conditions of the contract;

19           (B) Making or permitting any unfair discrimination in  
20           favor of particular individuals or persons, or  
21           between insureds or subjects of insurance having



1 substantially like insuring, risk, and exposure  
2 factors, or expense elements, in the terms or  
3 conditions of any insurance contract, or in the  
4 rate or amount of premium charge therefor, or in  
5 the benefits payable or in any other rights or  
6 privilege accruing thereunder;

7 (C) Making or permitting any unfair discrimination  
8 between individuals or risks of the same class  
9 and of essentially the same hazards by refusing  
10 to issue, refusing to renew, canceling, or  
11 limiting the amount of insurance coverage on a  
12 property or casualty risk because of the  
13 geographic location of the risk, unless:

14 (i) The refusal, cancellation, or limitation is  
15 for a business purpose which is not a mere  
16 pretext for unfair discrimination; or

17 (ii) The refusal, cancellation, or limitation is  
18 required by law or regulatory mandate;

19 (D) Making or permitting any unfair discrimination  
20 between individuals or risks of the same class  
21 and of essentially the same hazards by refusing



1 to issue, refusing to renew, canceling, or  
2 limiting the amount of insurance coverage on a  
3 residential property risk, or the personal  
4 property contained therein, because of the age of  
5 the residential property, unless:

6 (i) The refusal, cancellation, or limitation is  
7 for a business purpose which is not a mere  
8 pretext for unfair discrimination; or

9 (ii) The refusal, cancellation, or limitation is  
10 required by law or regulatory mandate;

11 (E) Refusing to insure, refusing to continue to  
12 insure, or limiting the amount of coverage  
13 available to an individual because of the sex or  
14 marital status of the individual; however,  
15 nothing in this subsection shall prohibit an  
16 insurer from taking marital status into account  
17 for the purpose of defining persons eligible for  
18 dependent benefits;

19 (F) Terminating or modifying coverage, or refusing to  
20 issue or renew any property or casualty policy or  
21 contract of insurance solely because the



1 applicant or insured or any employee of either is  
2 mentally or physically impaired; provided that  
3 this subparagraph shall not apply to accident and  
4 health or sickness insurance sold by a casualty  
5 insurer; provided further that this subparagraph  
6 shall not be interpreted to modify any other  
7 provision of law relating to the termination,  
8 modification, issuance, or renewal of any  
9 insurance policy or contract;

10 (G) Refusing to insure, refusing to continue to  
11 insure, or limiting the amount of coverage  
12 available to an individual based solely upon the  
13 individual's having taken a human  
14 immunodeficiency virus (HIV) test prior to  
15 applying for insurance; [~~or~~]

16 (H) Refusing to insure, refusing to continue to  
17 insure, or limiting the amount of coverage  
18 available to an individual because the individual  
19 refuses to consent to the release of information  
20 which is confidential as provided in section 325-  
21 101; provided that nothing in this subparagraph





1 shall prohibit an insurer from obtaining and  
2 using the results of a test satisfying the  
3 requirements of the commissioner, which was taken  
4 with the consent of an applicant for insurance;  
5 provided further that any applicant for insurance  
6 who is tested for HIV infection shall be afforded  
7 the opportunity to obtain the test results,  
8 within a reasonable time after being tested, and  
9 that the confidentiality of the test results  
10 shall be maintained as provided by section  
11 325-101; or

12 (I) An accident and health or sickness insurer  
13 offering group or individual health insurance  
14 coverage, unfairly discriminating with respect to  
15 participation under the plan or coverage against  
16 any health care provider, who is acting within  
17 the scope of the health care provider's license  
18 or certification under state law, in violation of  
19 42 United States Code section 300gg-5;  
20



1           (8) Rebates. Except as otherwise expressly provided by  
2           law:  
3           (A) Knowingly permitting or offering to make or  
4           making any contract of insurance, or agreement as  
5           to the contract other than as plainly expressed  
6           in the contract, or paying or allowing, or giving  
7           or offering to pay, allow, or give, directly or  
8           indirectly, as inducement to the insurance, any  
9           rebate of premiums payable on the contract, or  
10          any special favor or advantage in the dividends  
11          or other benefits, or any valuable consideration  
12          or inducement not specified in the contract; or  
13          (B) Giving, selling, or purchasing, or offering to  
14          give, sell, or purchase as inducement to the  
15          insurance or in connection therewith, any stocks,  
16          bonds, or other securities of any insurance  
17          company or other corporation, association, or  
18          partnership, or any dividends or profits accrued  
19          thereon, or anything of value not specified in  
20          the contract;



1 (9) Nothing in paragraph (7) or (8) shall be construed as  
2 including within the definition of discrimination or  
3 rebates any of the following practices:

4 (A) In the case of any life insurance policy or  
5 annuity contract, paying bonuses to policyholders  
6 or otherwise abating their premiums in whole or  
7 in part out of surplus accumulated from  
8 nonparticipating insurance; provided that any  
9 bonus or abatement of premiums shall be fair and  
10 equitable to policyholders and in the best  
11 interests of the insurer and its policyholders;

12 (B) In the case of life insurance policies issued on  
13 the industrial debit plan, making allowance to  
14 policyholders who have continuously for a  
15 specified period made premium payments directly  
16 to an office of the insurer in an amount which  
17 fairly represents the saving in collection  
18 expense;

19 (C) Readjustment of the rate of premium for a group  
20 insurance policy based on the loss or expense  
21 experience thereunder, at the end of the first or



1 any subsequent policy year of insurance  
2 thereunder, which may be made retroactive only  
3 for the policy year; and

4 (D) In the case of any contract of insurance, the  
5 distribution of savings, earnings, or surplus  
6 equitably among a class of policyholders, all in  
7 accordance with this article;

8 (10) Refusing to provide or limiting coverage available to  
9 an individual because the individual may have a third-  
10 party claim for recovery of damages; provided that:

11 (A) Where damages are recovered by judgment or  
12 settlement of a third-party claim, reimbursement  
13 of past benefits paid shall be allowed pursuant  
14 to section 663-10;

15 (B) This paragraph shall not apply to entities  
16 licensed under chapter 386 or 431:10C; and

17 (C) For entities licensed under chapter 432 or 432D:

18 (i) It shall not be a violation of this section  
19 to refuse to provide or limit coverage  
20 available to an individual because the  
21 entity determines that the individual



1 reasonably appears to have coverage  
2 available under chapter 386 or 431:10C; and  
3 (ii) Payment of claims to an individual who may  
4 have a third-party claim for recovery of  
5 damages may be conditioned upon the  
6 individual first signing and submitting to  
7 the entity documents to secure the lien and  
8 reimbursement rights of the entity and  
9 providing information reasonably related to  
10 the entity's investigation of its liability  
11 for coverage.

12 Any individual who knows or reasonably should  
13 know that the individual may have a third-party  
14 claim for recovery of damages and who fails to  
15 provide timely notice of the potential claim to  
16 the entity, shall be deemed to have waived the  
17 prohibition of this paragraph against refusal or  
18 limitation of coverage. "Third-party claim" for  
19 purposes of this paragraph means any tort claim  
20 for monetary recovery or damages that the  
21 individual has against any person, entity, or



1 insurer, other than the entity licensed under  
2 chapter 432 or 432D;

3 (11) Unfair claim settlement practices. Committing or  
4 performing with such frequency as to indicate a  
5 general business practice any of the following:

6 (A) Misrepresenting pertinent facts or insurance  
7 policy provisions relating to coverages at issue;

8 (B) With respect to claims arising under its  
9 policies, failing to respond with reasonable  
10 promptness, in no case more than fifteen working  
11 days, to communications received from:

12 (i) The insurer's policyholder;

13 (ii) Any other persons, including the  
14 commissioner; or

15 (iii) The insurer of a person involved in an  
16 incident in which the insurer's policyholder  
17 is also involved.

18 The response shall be more than an acknowledgment  
19 that such person's communication has been  
20 received, and shall adequately address the  
21 concerns stated in the communication;



- 1 (C) Failing to adopt and implement reasonable  
2 standards for the prompt investigation of claims  
3 arising under insurance policies;
- 4 (D) Refusing to pay claims without conducting a  
5 reasonable investigation based upon all available  
6 information;
- 7 (E) Failing to affirm or deny coverage of claims  
8 within a reasonable time after proof of loss  
9 statements have been completed;
- 10 (F) Failing to offer payment within thirty calendar  
11 days of affirmation of liability, if the amount  
12 of the claim has been determined and is not in  
13 dispute;
- 14 (G) Failing to provide the insured, or when  
15 applicable the insured's beneficiary, with a  
16 reasonable written explanation for any delay, on  
17 every claim remaining unresolved for thirty  
18 calendar days from the date it was reported;
- 19 (H) Not attempting in good faith to effectuate  
20 prompt, fair, and equitable settlements of claims  
21 in which liability has become reasonably clear;



1 (I) Compelling insureds to institute litigation to  
2 recover amounts due under an insurance policy by  
3 offering substantially less than the amounts  
4 ultimately recovered in actions brought by the  
5 insureds;

6 (J) Attempting to settle a claim for less than the  
7 amount to which a reasonable person would have  
8 believed the person was entitled by reference to  
9 written or printed advertising material  
10 accompanying or made part of an application;

11 (K) Attempting to settle claims on the basis of an  
12 application which was altered without notice,  
13 knowledge, or consent of the insured;

14 (L) Making claims payments to insureds or  
15 beneficiaries not accompanied by a statement  
16 setting forth the coverage under which the  
17 payments are being made;

18 (M) Making known to insureds or claimants a policy of  
19 appealing from arbitration awards in favor of  
20 insureds or claimants for the purpose of  
21 compelling them to accept settlements or





- 1                   compromises less than the amount awarded in  
2                   arbitration;
- 3           (N)    Delaying the investigation or payment of claims  
4                   by requiring an insured, claimant, or the  
5                   physician or advanced practice registered nurse  
6                   of either to submit a preliminary claim report  
7                   and then requiring the subsequent submission of  
8                   formal proof of loss forms, both of which  
9                   submissions contain substantially the same  
10                  information;
- 11           (O)   Failing to promptly settle claims, where  
12                   liability has become reasonably clear, under one  
13                   portion of the insurance policy coverage to  
14                   influence settlements under other portions of the  
15                   insurance policy coverage;
- 16           (P)   Failing to promptly provide a reasonable  
17                   explanation of the basis in the insurance policy  
18                   in relation to the facts or applicable law for  
19                   denial of a claim or for the offer of a  
20                   compromise settlement; and



1 (Q) Indicating to the insured on any payment draft,  
2 check, or in any accompanying letter that the  
3 payment is "final" or is "a release" of any claim  
4 if additional benefits relating to the claim are  
5 probable under coverages afforded by the policy;  
6 unless the policy limit has been paid or there is  
7 a bona fide dispute over either the coverage or  
8 the amount payable under the policy;

9 (12) Failure to maintain complaint handling procedures.  
10 Failure of any insurer to maintain a complete record  
11 of all the complaints which it has received since the  
12 date of its last examination under section 431:2-302.  
13 This record shall indicate the total number of  
14 complaints, their classification by line of insurance,  
15 the nature of each complaint, the disposition of these  
16 complaints, and the time it took to process each  
17 complaint. For purposes of this section, "complaint"  
18 means any written communication primarily expressing a  
19 grievance;

20 (13) Misrepresentation in insurance applications. Making  
21 false or fraudulent statements or representations on



1 or relative to an application for an insurance policy,  
2 for the purpose of obtaining a fee, commission, money,  
3 or other benefit from any insurer, producer, or  
4 individual; and

5 (14) Failure to obtain information. Failure of any  
6 insurance producer, or an insurer where no producer is  
7 involved, to comply with section 431:10D-623(a), (b),  
8 or (c) by making reasonable efforts to obtain  
9 information about a consumer before making a  
10 recommendation to the consumer to purchase or exchange  
11 an annuity."

12 SECTION 6. Statutory material to be repealed is bracketed  
13 and stricken. New statutory material is underscored.

14 SECTION 7. This Act shall take effect on July 1, 2112.



**Report Title:**

Insurance; Health Insurance; Health Care; Discrimination;  
Naturopathic Physicians; Insurers; Covered Services

**Description:**

Requires insurers who provide health care coverage to provide coverage for medically necessary health care services covered by a health insurance policy when provided by licensed naturopathic physicians acting within their scope of practice. Specifies that health care services provided by naturopathic physicians may be subject to certain limitations. Specifies that limitations shall not direct treatment in a manner that unfairly discriminates against the practice of naturopathic medicine. Permits insurers to require naturopathic physician services to be provided by a naturopathic physician under contract or covered as consistent with out-of-network provider reimbursement practices. Including the federal nondiscrimination in health care provision of Section 2706(a) of the Affordable Care Act. (SB1217 HD1)

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*

