

1 Amend printed bill, page 4, strike lines 21 through 27.

2 Page 5, strike lines 1 through 7 and substitute:

3        "(B) IN CONDUCTING UTILIZATION REVIEW OF COVERED SERVICES  
4 FOR THE DIAGNOSIS, PREVENTION, AND TREATMENT OF BEHAVIORAL OR  
5 MENTAL HEALTH DISORDERS, A HEALTH BENEFIT PLAN SHALL APPLY THE  
6 CRITERIA AND GUIDELINES SET FORTH IN THE MOST RECENT VERSION OF  
7 THE TREATMENT CRITERIA DEVELOPED BY UNAFFILIATED NATIONALLY  
8 RECOGNIZED NOT-FOR-PROFIT CLINICAL SPECIALTY ASSOCIATIONS OF THE  
9 RELEVANT BEHAVIORAL OR MENTAL HEALTH DISORDERS. IN CONDUCTING  
10 UTILIZATION REVIEW OF COVERED SERVICES FOR THE DIAGNOSIS,  
11 PREVENTION, AND TREATMENT OF SUBSTANCE USE DISORDERS, A HEALTH  
12 BENEFIT PLAN SHALL APPLY THE CRITERIA SPECIFIED IN SUBSECTION  
13 (5.5)(a)(I)(B) OF THIS SECTION.

14        (C) IN CONDUCTING UTILIZATION REVIEW RELATING TO SERVICE  
15 INTENSITY, LEVEL OF CARE PLACEMENT, OR ANY OTHER PATIENT CARE  
16 DECISIONS THAT ARE WITHIN THE SCOPE OF THE SOURCES SPECIFIED IN  
17 SUBSECTIONS (5.5)(a)(I)(B) AND (5.5)(a)(I.5)(B) OF THIS SECTION, A  
18 HEALTH BENEFIT PLAN SHALL NOT APPLY DIFFERENT, ADDITIONAL,  
19 CONFLICTING, OR MORE RESTRICTIVE UTILIZATION REVIEW CRITERIA THAN  
20 THE CRITERIA SET FORTH IN THOSE SOURCES. FOR ALL SERVICE INTENSITY  
21 AND LEVEL OF CARE PLACEMENT DECISIONS, THE HEALTH BENEFIT PLAN  
22 MUST AUTHORIZE PLACEMENT AT THE SERVICE INTENSITY AND LEVEL OF  
23 CARE CONSISTENT WITH THE ASSESSMENT OF THE COVERED PERSON USING  
24 THE RELEVANT PATIENT PLACEMENT CRITERIA SPECIFIED IN SUBSECTIONS  
25 (5.5)(a)(I)(B) AND (5.5)(a)(I.5)(B) OF THIS SECTION. IF THERE IS A  
26 DISAGREEMENT, AS PART OF THE ADVERSE BENEFIT DETERMINATION, THE  
27 HEALTH BENEFIT PLAN MUST PROVIDE FULL DETAIL OF ITS ASSESSMENT  
28 AND THE RELEVANT CRITERIA USED IN THE ASSESSMENT TO THE PROVIDER  
29 AND THE COVERED PERSON.

30        (D) IN CONDUCTING UTILIZATION REVIEW THAT IS OUTSIDE THE  
31 SCOPE OF THE CRITERIA SPECIFIED IN SUBSECTIONS (5.5)(a)(I)(B) AND  
32 (5.5)(a)(I.5)(B) OF THIS SECTION OR RELATED TO ADVANCEMENTS IN  
33 TECHNOLOGY OR TYPES OF LEVELS OF CARE THAT ARE NOT ADDRESSED IN  
34 THE MOST RECENT VERSIONS OF THE SOURCES SPECIFIED IN THOSE  
35 SUBSECTIONS, A HEALTH BENEFIT PLAN SHALL CONDUCT UTILIZATION  
36 REVIEW IN ACCORDANCE WITH SUBSECTION (5.5)(a)(I.5)(A) OF THIS  
37 SECTION. IF A HEALTH BENEFIT PLAN PURCHASES OR LICENSES UTILIZATION  
38 REVIEW CRITERIA PURSUANT TO THIS SUBSECTION (5.5)(a)(I.5)(D), THE  
39 HEALTH BENEFIT PLAN SHALL VERIFY AND DOCUMENT BEFORE USE THAT  
40 THE CRITERIA COMPLY WITH THE REQUIREMENTS OF SUBSECTION  
41 (5.5)(a)(I.5)(A) OF THIS SECTION.".

42 Reletter succeeding sub subparagraph accordingly.

\*\*\* \* \* \* \*