

961604200

## HOUSE BILL NO. 1100

Offered January 22, 1996

*A BILL to amend and reenact §§ 38.2-3407 and 38.2-4209 of the Code of Virginia, relating to accident and sickness insurance; any willing provider.*

Patron—DeBoer

Referred to Committee on Corporations, Insurance and Banking

**Be it enacted by the General Assembly of Virginia:**

**1. That §§ 38.2-3407 and 38.2-4209 of the Code of Virginia are amended and reenacted as follows:**

§ 38.2-3407. Health benefit programs.

A. One or more insurers may offer ~~or administer~~ a health benefit program under which the insurer or insurers ~~may~~ offer preferred provider policies or contracts that limit the numbers and types of providers of health care services eligible for payment as preferred providers.

B. Any such insurer shall establish terms and conditions that shall be met by a hospital, physician or type of provider listed in § 38.2-3408 in order to qualify for payment as a preferred provider under the policies or contracts. These terms and conditions shall not discriminate unreasonably against or among such health care providers: ~~No hospital, physician or type of provider listed in § 38.2-3408 willing to meet the terms and conditions offered to it or him shall be excluded~~ *Insurers shall make such terms and conditions available to the public upon written request. Insurers shall not be required to disclose terms and conditions which contain confidential or proprietary information.* Neither differences in ~~prices fees~~ among hospitals or other institutional providers produced by a process of individual negotiations with providers or based on market conditions, or ~~price fee~~ differences among providers in different geographical areas, shall be deemed unreasonable discrimination. ~~The Commission shall have no jurisdiction to adjudicate controversies growing out of this subsection.~~

C. Mandated types of providers set forth in § 38.2-3408, and types of providers whose services are required to be made available and that have been specifically contracted for by the holder of any such policy or contract shall, to the extent required by § 38.2-3408, have the same opportunity to qualify for payment as a preferred provider as do doctors of medicine.

D. Preferred provider policies or contracts shall provide for payment for services rendered by nonpreferred providers, but the payments need not be the same as for preferred providers.

E. For the purposes of this section, "preferred provider policies or contracts" are insurance policies or contracts that specify how services are to be covered when rendered by preferred and nonpreferred classifications of providers.

§ 38.2-4209. Preferred provider subscription contracts.

A. As used in this section, a "preferred provider subscription contract" is a contract that specifies how services are to be covered when rendered by providers participating in a plan, by nonparticipating providers, and by preferred providers.

B. Notwithstanding the provisions of §§ 38.2-4218 and 38.2-4221, any nonstock corporation may, as a feature of its plan, offer preferred provider subscription contracts pursuant to the requirements of this section that limit the numbers and types of providers of health care services eligible for payment as preferred providers.

C. Any such nonstock corporation shall establish terms and conditions that shall be met by a hospital, physician or other type of provider listed in § 38.2-4221 in order to qualify for payment as a preferred provider under the subscription contracts. These terms and conditions shall not discriminate unreasonably against or among health care providers. ~~No hospital, physician or type of provider listed in § 38.2-4221 willing to meet the terms and conditions offered to it or him shall be excluded.~~ *Nonstock corporations shall make such terms and conditions available to the public upon written request. Nonstock corporations are not required to disclose terms and conditions which contain confidential or proprietary information.* Differences in ~~prices fees~~ among hospitals or other institutional providers produced by a process of individual negotiations with the providers or based on market conditions, or ~~price fee~~ differences among providers in different geographical areas shall not be deemed unreasonable discrimination. ~~The Commission shall have no jurisdiction to adjudicate controversies growing out of this subsection.~~

D. Mandated types of providers listed in § 38.2-4221 and types of providers whose services are required to be made available and which have been specifically contracted for by the holder of any subscription contract shall, to the extent required by § 38.2-4221, have the same opportunity as do doctors of medicine to qualify for payment as preferred providers.

INTRODUCED

HB1100

**60** E. Preferred provider subscription contracts shall provide for payment for services rendered by  
**61** nonpreferred providers, but the payments need not be the same as for preferred providers.