

## 1 HOUSE BILL NO. 27

2 INTRODUCED BY SIMON

3  
4 A BILL FOR AN ACT ENTITLED: "AN ACT PROHIBITING HEALTH CARRIERS AND MANAGED CARE  
5 ORGANIZATIONS FROM INTERFERING WITH CERTAIN MEDICAL COMMUNICATIONS MADE BY PERSONS  
6 PROVIDING HEALTH CARE SERVICES IN A MANAGED CARE SETTING; PROVIDING DEFINITIONS;  
7 PROVIDING A PENALTY; AND PROVIDING AN APPLICABILITY DATE."

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9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

10  
11 NEW SECTION. **Section 1. Definitions.** As used in [sections 1 through 4], unless the context  
12 requires otherwise, the following definitions apply:

13 (1) "Enrollee" means the individual to whom a health care service is provided or will be provided  
14 by a managed care organization.

15 (2) "Health care provider" or "provider" means an individual licensed or certified pursuant to Title  
16 37 to provide health care services through a managed care organization.

17 (3) "Health carrier" means an entity that by policy, contract, certificate, or agreement agrees to  
18 provide, deliver, arrange for, pay for, or reimburse the costs of a health care service to an enrollee.

19 (4) "Health plan" means a policy, contract, certificate, or agreement entered into, offered, or issued  
20 by a health carrier to provide, deliver, arrange for, pay for, or reimburse the costs of a health care service  
21 to an enrollee.

22 (5) "Managed care organization" means an entity from which an enrollee agrees to use health care  
23 providers who are managed by, owned by, under contract with, or employed by a health carrier or managed  
24 care organization. The term includes a health maintenance organization.

25 (6) "Medical communication" means:

26 (a) a communication made by a health care provider to an enrollee or to the guardian or other legal  
27 representative of an enrollee receiving health care services from the provider:

28 (i) concerning the mental or physical health care needs or treatment of the enrollee and the  
29 provisions, terms, or requirements of the health plan or another health plan relating to the needs or  
30 treatment of the enrollee; and

1 (ii) including a communication concerning:

2 (A) a test, consultation, or treatment option and a risk or benefit associated with the test,  
3 consultation, or option;

4 (B) variation among health care providers and health care facilities, as defined in 50-5-101, in  
5 experience, quality of health care services, or health outcomes;

6 (C) the basis or standard for the decision of the enrollee's health carrier or managed care  
7 organization or another health carrier or managed care organization to authorize or deny a health care  
8 service;

9 (D) the process used by the enrollee's health carrier or managed care organization or another health  
10 carrier or managed care organization to determine whether to authorize or deny a health care service;

11 (E) a financial incentive or disincentive provided by the enrollee's health carrier or managed care  
12 organization or another health carrier or managed care organization to a health care provider to authorize  
13 or deny a health care service; or

14 (F) the basis for termination of the contract to provide health care services made between the  
15 provider and the health carrier or managed care organization;

16 (b) a communication made by a health care provider to another health care provider, an employee  
17 or contractor of the enrollee's managed care organization, or an employee of the health carrier advocating  
18 a particular method of treatment on behalf of an enrollee.

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20 **NEW SECTION. Section 2. Gag clauses and other action affecting medical communications**

21 **prohibited -- exceptions.** (1) A health carrier or managed care organization may not by an oral or written  
22 contract, by an oral or written direction or requirement, or by a financial inducement or penalty prohibit or  
23 discourage a provider from making a medical communication to an enrollee. A contract, direction,  
24 requirement, or financial inducement or penalty violating this subsection is void.

25 (2) Subsection (1) does not apply to:

26 (a) an oral or written contract, direction, requirement, or financial inducement or penalty prohibiting  
27 a provider from disclosing a trade secret, as defined in 30-14-402, to the same extent as other employees  
28 or contractors of the health carrier or managed care organization are prohibited from disclosing the trade  
29 secret;

30 (b) an oral or written contract, direction, requirement, or financial inducement or penalty prohibiting

1 a health care provider from referring an enrollee to another health plan or managed care organization in  
2 which the provider making the referral has a direct financial interest; and

3 (c) the terms of an oral or written contract mutually agreed upon by a health carrier or managed  
4 care organization and a provider requiring the provider to participate in and cooperate with all programs,  
5 policies, and procedures implemented by the health carrier or managed care organization to ensure, review,  
6 or improve the quality of health care.

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8 **NEW SECTION. Section 3. Sanction because of medical communication prohibited.** A health  
9 carrier or managed care organization may not take any of the following actions with regard to a health care  
10 provider because the provider made a medical communication to an enrollee or to the guardian or legal  
11 representative of the enrollee:

12 (1) terminate an agreement between the health carrier or managed care organization and the health  
13 care provider to provide health care services;

14 (2) reduce compensation to the provider;

15 (3) demote the provider in regard to relative seniority within the managed care organization;

16 (4) transfer the provider to other duties within the managed care organization;

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18 (6) take other action against the provider in retaliation for a medical communication made by the  
19 provider to an enrollee.

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21 **NEW SECTION. Section 4. Civil penalty -- civil action for collection of penalty.** (1) A health carrier  
22 or a managed care organization violating [section 2 or 3] is subject to a civil penalty not to exceed \$5,000  
23 for each violation. Each day of violation constitutes a separate violation for the purposes of this section.

24 (2) A health care provider making a medical communication to an enrollee in violation of a contract,  
25 direction, requirement, or financial inducement or penalty prohibited by [section 2] may bring a civil action  
26 to collect the penalty provided for in subsection (1) in the district court for the county in which the  
27 communication was made.

28 (3) A health care provider with whom a contract to provide health care services to enrollees is  
29 terminated in violation of [section 3] may bring a civil action to collect the penalty provided for in  
30 subsection (1) in the district court for the county in which the provider resides.

1           (4) In addition to other enforcement methods provided by law, the commissioner may bring a civil  
2 action in the district court of the first judicial district to collect the civil penalty provided for in subsection  
3 (1) from a person violating a provision of [sections 1 through 4]. An amount collected by the commissioner  
4 pursuant to this section must be deposited in the general fund.

5

6           NEW SECTION. **Section 5. Codification instruction.** [Sections 1 through 4] are intended to be  
7 codified as an integral part of Title 33, and the provisions of Title 33 apply to [sections 1 through 4].

8

9           NEW SECTION. **Section 6. Applicability.** [This act] applies to contracts entered into or renewed  
10 after [the effective date of this act] between a health care provider and a health carrier or managed care  
11 organization.

12

-END-

STATE OF MONTANA - FISCAL NOTE

Fiscal Note for HB0027, as introduced

DESCRIPTION OF PROPOSED LEGISLATION:

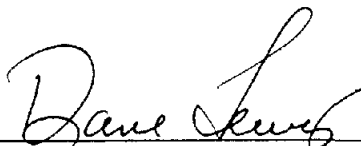
An act prohibiting health carriers and managed care organizations from interfering with certain medical communications made by persons providing health care services in a managed care setting.

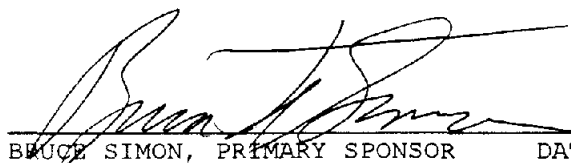
ASSUMPTIONS:

1. The number of actions brought under this act will not use significant judicial resources nor result in significant penalties collected and deposited in the general fund.

FISCAL IMPACT:

None.

 1-9-97  
\_\_\_\_\_  
DAVID LEWIS, BUDGET DIRECTOR      DATE  
Office of Budget and Program Planning

  
\_\_\_\_\_  
BRUCE SIMON, PRIMARY SPONSOR      DATE

Fiscal Note for HB0027, as introduced

**HB 27**

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20 by a health carrier to provide, deliver, arrange for, pay for, or reimburse the costs of a health care service  
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1 (ii) including a communication concerning:

2 (A) a test, consultation, or treatment option and a risk or benefit associated with the test,  
3 consultation, or option;

4 (B) variation among health care providers and health care facilities, as defined in 50-5-101, in  
5 experience, quality of health care services, or health outcomes;

6 (C) the basis or standard for the decision of the enrollee's health carrier or managed care  
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21 **prohibited -- exceptions.** (1) A health carrier or managed care organization may not by an oral or written  
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26 (a) an oral or written contract, direction, requirement, or financial inducement or penalty prohibiting  
27 a provider from disclosing a trade secret, as defined in 30-14-402, to the same extent as other employees  
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1 a health care provider from referring an enrollee to another health plan or managed care organization in  
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23 for each violation. Each day of violation constitutes a separate violation for the purposes of this section.

24 ~~(2) A health care provider making a medical communication to an enrollee in violation of a contract,~~  
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21 **NEW SECTION. Section 4. Civil penalty -- civil action for collection of penalty.** (1) A health carrier  
22 or a managed care organization violating [section 2 or 3] is subject to a civil penalty not to exceed \$5,000  
23 for each violation. Each day of violation constitutes a separate violation for the purposes of this section.

24 ~~(2) A health care provider making a medical communication to an enrollee in violation of a contract,~~  
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26 ~~to collect the penalty provided for in subsection (1) in the district court for the county in which the~~  
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7 PROVIDING A PENALTY; AMENDING SECTION 33-31-111, MCA; AND PROVIDING AN APPLICABILITY  
8 DATE."

9  
10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

11  
12 **SECTION 1. SECTION 33-31-111, MCA, IS AMENDED TO READ:**

13 **"33-31-111. Statutory construction and relationship to other laws.** (1) Except as otherwise  
14 provided in this chapter, the insurance or health service corporation laws do not apply to any health  
15 maintenance organization authorized to transact business under this chapter. This provision does not apply  
16 to an insurer or health service corporation licensed and regulated pursuant to the insurance or health service  
17 corporation laws of this state except with respect to its health maintenance organization activities  
18 authorized and regulated pursuant to this chapter.

19 (2) Solicitation of enrollees by a health maintenance organization granted a certificate of authority  
20 or its representatives may not be construed as a violation of any law relating to solicitation or advertising  
21 by health professionals.

22 (3) A health maintenance organization authorized under this chapter may not be considered to be  
23 practicing medicine and is exempt from Title 37, chapter 3, relating to the practice of medicine.

24 (4) The provisions of this chapter do not exempt a health maintenance organization from the  
25 applicable certificate of need requirements under Title 50, chapter 5, parts 1 and 3.

26 (5) The provisions of this section do not exempt a health maintenance organization from material  
27 transaction disclosure requirements under 33-3-701 through 33-3-704. A health maintenance organization  
28 must be considered an insurer for the purposes of 33-3-701 through 33-3-704.

29 **(6) This section does not exempt a health maintenance organization from prohibitions against**  
30 **interference with certain communications as provided under [sections 2 through 5]."**

1           **NEW SECTION. Section 2. Definitions.** As used in [~~sections 1 through 4~~ 2 THROUGH 5], unless  
 2 the context requires otherwise, the following definitions apply:

3           (1) "Enrollee" means the individual to whom a health care service is provided or will be provided  
 4 ~~by a managed care organization.~~ UNDER A HEALTH PLAN.

5           (2) "Health care provider" or "provider" means ~~an individual licensed or certified pursuant to Title~~  
 6 ~~37 to provide health care services through a managed care organization.~~ A HEALTH CARE PROFESSIONAL  
 7 OR FACILITY.

8           (3) "Health carrier" means an entity ~~that by policy, contract, certificate, or agreement agrees~~ THAT  
 9 IS SUBJECT TO THE INSURANCE LAWS AND RULES OF THIS STATE AND THAT CONTRACTS, OFFERS  
 10 TO CONTRACT, OR ENTERS INTO AN AGREEMENT to provide, deliver, arrange for, pay for, or reimburse  
 11 ANY OF the costs of a health care ~~service to an enrollee~~ SERVICES. THE TERM INCLUDES A DISABILITY  
 12 INSURER, HEALTH MAINTENANCE ORGANIZATION, OR A HEALTH SERVICE CORPORATION OR OTHER  
 13 ENTITY PROVIDING A HEALTH BENEFIT PLAN.

14           (4) "Health plan" OR "HEALTH BENEFIT PLAN" means a policy, contract, certificate, or agreement  
 15 entered into, offered, or issued by a health carrier to provide, deliver, arrange for, pay for, or reimburse  
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17           (5) "Managed care organization" means an entity ~~from which an enrollee agrees to use health care~~  
 18 ~~providers who are managed by, owned by, under contract with, or employed by a health carrier or managed~~  
 19 ~~care organization~~ THAT MANAGES, OWNS, CONTRACTS WITH, OR EMPLOYS HEALTH CARE PROVIDERS  
 20 TO PROVIDE HEALTH CARE SERVICES UNDER A HEALTH PLAN. The term includes a health maintenance  
 21 organization, AS DEFINED IN 33-31-102, AND AN ENTITY THAT DOES NOT ITSELF PROVIDE HEALTH  
 22 PLANS.

23           (6) "Medical communication" means:

24           (a) a communication made by a health care provider to an enrollee or to the guardian or other legal  
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19 **NEW SECTION.** **Section 5. Civil penalty -- civil action for collection of penalty.** (1) A health carrier  
 20 or a managed care organization violating [section ~~2 or 3~~ 3 OR 4] is subject to a civil penalty ~~not to exceed~~  
 21 \$5,000, AS PROVIDED IN 33-1-317, for each violation. Each day of violation constitutes a separate  
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23 ~~(2) A health care provider making a medical communication to an enrollee in violation of a contract,~~  
 24 ~~direction, requirement, or financial inducement or penalty prohibited by [section 2] may bring a civil action~~  
 25 ~~to collect the penalty provided for in subsection (1) in the district court for the county in which the~~  
 26 ~~communication was made.~~

27 ~~(3) A health care provider with whom a contract to provide health care services to enrollees is~~  
 28 ~~terminated in violation of [section 3] may bring a civil action to collect the penalty provided for in~~  
 29 ~~subsection (1) in the district court for the county in which the provider resides.~~

30 ~~(4)~~(2) In addition to other enforcement methods provided by law, the commissioner may bring a

1 civil action in the district court of the first judicial district to collect the civil penalty provided for in  
2 subsection (1) from a person violating a provision of [~~sections 4 through 4~~ 2 THROUGH 5]. An amount  
3 collected by the commissioner pursuant to this section must be deposited in the general fund.

4  
5 NEW SECTION. Section 6. Codification instruction. [~~Sections 4 through 4~~ 2 THROUGH 5] are  
6 intended to be codified as an integral part of Title 33, and the provisions of Title 33 apply to [~~sections 4~~  
7 ~~through 4~~ 2 THROUGH 5].

8  
9 NEW SECTION. Section 7. Applicability. [This act] applies to contracts entered into or renewed  
10 after [the effective date of this act] between a health care provider and a health carrier or managed care  
11 organization.

12 -END-

## 1 HOUSE BILL NO. 27

2 INTRODUCED BY SIMON

3  
4 A BILL FOR AN ACT ENTITLED: "AN ACT PROHIBITING HEALTH CARRIERS AND MANAGED CARE  
5 ORGANIZATIONS FROM INTERFERING WITH CERTAIN MEDICAL COMMUNICATIONS MADE BY PERSONS  
6 PROVIDING HEALTH CARE SERVICES IN A MANAGED CARE SETTING; PROVIDING DEFINITIONS;  
7 PROVIDING A PENALTY; AMENDING SECTION 33-31-111, MCA; AND PROVIDING AN APPLICABILITY  
8 DATE."

9  
10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

11  
12 **SECTION 1. SECTION 33-31-111, MCA, IS AMENDED TO READ:**

13 **"33-31-111. Statutory construction and relationship to other laws.** (1) Except as otherwise  
14 provided in this chapter, the insurance or health service corporation laws do not apply to any health  
15 maintenance organization authorized to transact business under this chapter. This provision does not apply  
16 to an insurer or health service corporation licensed and regulated pursuant to the insurance or health service  
17 corporation laws of this state except with respect to its health maintenance organization activities  
18 authorized and regulated pursuant to this chapter.

19 (2) Solicitation of enrollees by a health maintenance organization granted a certificate of authority  
20 or its representatives may not be construed as a violation of any law relating to solicitation or advertising  
21 by health professionals.

22 (3) A health maintenance organization authorized under this chapter may not be considered to be  
23 practicing medicine and is exempt from Title 37, chapter 3, relating to the practice of medicine.

24 (4) The provisions of this chapter do not exempt a health maintenance organization from the  
25 applicable certificate of need requirements under Title 50, chapter 5, parts 1 and 3.

26 (5) The provisions of this section do not exempt a health maintenance organization from material  
27 transaction disclosure requirements under 33-3-701 through 33-3-704. A health maintenance organization  
28 must be considered an insurer for the purposes of 33-3-701 through 33-3-704.

29 (6) This section does not exempt a health maintenance organization from prohibitions against  
30 interference with certain communications as provided under [sections 2 through 5]."

1            NEW SECTION. Section 2. Definitions. As used in [sections ~~1 through 4~~ 2 THROUGH 5], unless  
 2 the context requires otherwise, the following definitions apply:

3            (1) "Enrollee" means the individual to whom a health care service is provided or will be provided  
 4 ~~by a managed care organization.~~ UNDER A HEALTH PLAN.

5            (2) "Health care provider" or "provider" means ~~an individual licensed or certified pursuant to Title~~  
 6 ~~37 to provide health care services through a managed care organization.~~ A HEALTH CARE PROFESSIONAL  
 7 OR FACILITY.

8            (3) "Health carrier" means an entity ~~that by policy, contract, certificate, or agreement agrees~~ THAT  
 9 IS SUBJECT TO THE INSURANCE LAWS AND RULES OF THIS STATE AND THAT CONTRACTS, OFFERS  
 10 TO CONTRACT, OR ENTERS INTO AN AGREEMENT to provide, deliver, arrange for, pay for, or reimburse  
 11 ANY OF the costs of a health care ~~service to an enrollee~~ SERVICES. THE TERM INCLUDES A DISABILITY  
 12 INSURER, HEALTH MAINTENANCE ORGANIZATION, OR A HEALTH SERVICE CORPORATION OR OTHER  
 13 ENTITY PROVIDING A HEALTH BENEFIT PLAN.

14            (4) "Health plan" OR "HEALTH BENEFIT PLAN" means a policy, contract, certificate, or agreement  
 15 entered into, offered, or issued by a health carrier to provide, deliver, arrange for, pay for, or reimburse  
 16 ANY OF the costs of a health care ~~service to an enrollee~~ SERVICES.

17            (5) "Managed care organization" means an entity ~~from which an enrollee agrees to use health care~~  
 18 ~~providers who are managed by, owned by, under contract with, or employed by a health carrier or managed~~  
 19 ~~care organization~~ THAT MANAGES, OWNS, CONTRACTS WITH, OR EMPLOYS HEALTH CARE PROVIDERS  
 20 TO PROVIDE HEALTH CARE SERVICES UNDER A HEALTH PLAN. The term includes a health maintenance  
 21 organization, AS DEFINED IN 33-31-102, AND AN ENTITY THAT DOES NOT ITSELF PROVIDE HEALTH  
 22 PLANS.

23            (6) "Medical communication" means:

24            (a) a communication made by a health care provider to an enrollee or to the guardian or other legal  
 25 representative of an enrollee receiving health care services from the provider:

26            (i) concerning the mental or physical health care needs or treatment of the enrollee and the  
 27 provisions, terms, or requirements of the health plan or another health plan relating to the needs or  
 28 treatment of the enrollee; and

29            (ii) including a communication concerning:

30            (A) a test, consultation, or treatment option and a risk or benefit associated with the test,

1 consultation, or option;

2 (B) variation among health care providers and health care facilities, as defined in 50-5-101, in  
3 experience, quality of health care services, or health outcomes;

4 (C) the basis or standard for the decision of the enrollee's health carrier or managed care  
5 organization ~~or another health carrier or managed care organization~~ to authorize or deny a health care  
6 service;

7 (D) the process used by the enrollee's health carrier or managed care organization ~~or another health  
8 carrier or managed care organization~~ to determine whether to authorize or deny a health care service; OR

9 (E) a financial incentive or disincentive provided by the enrollee's health carrier or managed care  
10 organization ~~or another health carrier or managed care organization~~ to a health care provider to authorize  
11 or deny a health care service; ~~or~~

12 ~~(F) the basis for termination of the contract to provide health care services made between the  
13 provider and the health carrier or managed care organization;~~

14 (b) a communication made by a health care provider to another health care provider, an employee  
15 or contractor of the enrollee's managed care organization, or an employee of the health carrier advocating  
16 a particular method of treatment on behalf of an enrollee.

17

18 **NEW SECTION. Section 3. Gag clauses and other action affecting medical communications**  
19 **prohibited -- exceptions.** (1) A health carrier or managed care organization may not by an oral or written  
20 contract, by an oral or written direction or requirement, or by a financial inducement or penalty prohibit ~~or~~  
21 ~~discourage~~ a provider from making a medical communication to an enrollee. A contract, direction,  
22 requirement, or financial inducement or penalty violating this subsection is void.

23 (2) Subsection (1) does not apply to:

24 (a) an oral or written contract, direction, requirement, or financial inducement or penalty prohibiting  
25 a provider from disclosing a trade secret, as defined in 30-14-402, to the same extent as other employees  
26 or contractors of the health carrier or managed care organization are prohibited from disclosing the trade  
27 secret;

28 (b) an oral or written contract, direction, requirement, or financial inducement or penalty prohibiting  
29 a health care provider from referring an enrollee to another health plan or managed care organization in  
30 which the provider making the referral has a direct financial interest; and

1 (c) the terms of an oral or written contract mutually agreed upon by a health carrier or managed  
 2 care organization and a provider requiring the provider to participate in and cooperate with all programs,  
 3 policies, and procedures implemented by the health carrier or managed care organization to ensure, review,  
 4 or improve the quality of health care.

5

6 **NEW SECTION. Section 4. Sanction because of medical communication prohibited.** A health  
 7 carrier or managed care organization may not take any of the following actions with regard to a health care  
 8 provider because the provider made a medical communication to an enrollee or to the guardian or legal  
 9 representative of the enrollee:

10 (1) terminate an agreement between the health carrier or managed care organization and the health  
 11 care provider to provide health care services;

12 (2) reduce compensation to the provider;

13 (3) demote the provider in regard to relative seniority within the managed care organization;

14 (4) transfer the provider to other duties within the managed care organization;

15 (5) deny the provider admitting or other privileges; or

16 (6) take other action against the provider in retaliation for a medical communication made by the  
 17 provider to an enrollee.

18

19 **NEW SECTION. Section 5. Civil penalty -- civil action for collection of penalty.** (1) A health carrier  
 20 or a managed care organization violating [section ~~2 or 3~~ 3 OR 4] is subject to a civil penalty ~~not to exceed~~  
 21 \$5,000, AS PROVIDED IN 33-1-317, for each violation. Each day of violation constitutes a separate  
 22 violation for the purposes of this section.

23 ~~(2) A health care provider making a medical communication to an enrollee in violation of a contract,~~  
 24 ~~direction, requirement, or financial inducement or penalty prohibited by [section 2] may bring a civil action~~  
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9 NEW SECTION. Section 7. Applicability. [This act] applies to contracts entered into or renewed  
10 after [the effective date of this act] between a health care provider and a health carrier or managed care  
11 organization.

12 -END-



# CONFERENCE COMMITTEE

on House Bill 27  
Report No. 1, April 11, 1997

Page 1 of 1

Mr. Speaker and Mr. President:

We, your Conference Committee met and considered **House Bill 27** (reference copy -- salmon) and recommend that **House Bill 27** be amended as follows:


- 1. Page 3, line 21.  
Following: "making"  
Insert: "or interfere with a provider making"

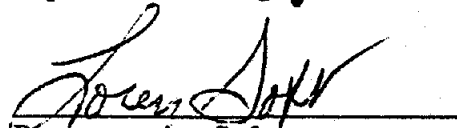
And this Conference Committee report be adopted.

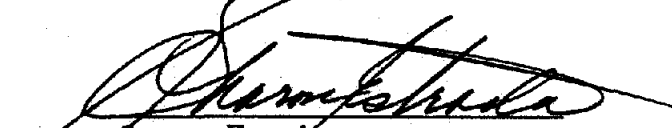
For the House:

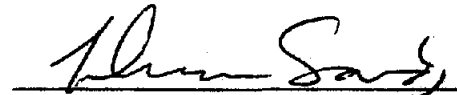
For the Senate:

  
 Representative Bergman, Chair

  
 Senator Benedict, Chair

  
 Representative Soft

  
 Senator Estrada

  
 Representative Sands

  
 Senator Christiaens

ADOPT

REJECT

CCR#1  
 HB 27  
 AC HB 27-1

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## 1 HOUSE BILL NO. 27

2 INTRODUCED BY SIMON

3  
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 15 maintenance organization authorized to transact business under this chapter. This provision does not apply  
 16 to an insurer or health service corporation licensed and regulated pursuant to the insurance or health service  
 17 corporation laws of this state except with respect to its health maintenance organization activities  
 18 authorized and regulated pursuant to this chapter.

19 (2) Solicitation of enrollees by a health maintenance organization granted a certificate of authority  
 20 or its representatives may not be construed as a violation of any law relating to solicitation or advertising  
 21 by health professionals.

22 (3) A health maintenance organization authorized under this chapter may not be considered to be  
 23 practicing medicine and is exempt from Title 37, chapter 3, relating to the practice of medicine.

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 6 ~~37 to provide health care services through a managed care organization.~~ A HEALTH CARE PROFESSIONAL  
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 9 IS SUBJECT TO THE INSURANCE LAWS AND RULES OF THIS STATE AND THAT CONTRACTS, OFFERS  
 10 TO CONTRACT, OR ENTERS INTO AN AGREEMENT to provide, deliver, arrange for, pay for, or reimburse  
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 15 entered into, offered, or issued by a health carrier to provide, deliver, arrange for, pay for, or reimburse  
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12 ~~(F) the basis for termination of the contract to provide health care services made between the~~  
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9

10           NEW SECTION. Section 7. Applicability. [This act] applies to contracts entered into or renewed  
11 after [the effective date of this act] between a health care provider and a health carrier or managed care  
12 organization.

13

-END-