

Amend CSSB 418 as follows:

(1) On page 5, line 63, add new subparagraphs (d) and (e) to read as follows and renumber the subsequent subparagraphs as appropriate:

"(d) An insurer may decline to determine eligibility for payment if the insurer notifies the physician or preferred provider who requested the verification of the specific reason the determination was not made.

(e) An insurer may establish a specific period during which the verification is valid of not less than 30 days."

(2) On page 17, line 14, add new subparagraphs (d) and (e) to read as follows and renumber the subsequent subparagraphs as appropriate:

"(d) An health maintenance organization may decline to determine eligibility for payment if the insurer notifies the physician or preferred provider who requested the verification of the specific reason the determination was not made.

(e) An health maintenance organization may establish a specific period during which the verification is valid of not less than 30 days."