

Amend **SB 541** by striking "and" on page 4, line 1, and adding on page 4, line 8, new subsections (7), (8), and (9) as follows:

"(7) coverage for referral to a non-network physician or provider when medically necessary covered services are not available through network physicians or providers, as required by Article 20A.09(a)(3)(C) of this code (Acts 1997, 75th Leg., ch. 163, §5, Acts 1997, 75th Leg., ch. 837, §4.01, Acts 1997, 75th Leg., ch.1023, Acts 1997, 75th Leg., ch.1026, §7);

(8) coverage for use of a nonprimary care physician specialist as the primary care physician for an enrollee with a chronic, disabling, or life threatening illness, as required by Article 20A.09(a)(3)(D) and Article 20A.09(a)(3)(F) of this code (Acts 1997, 75th Leg., ch. 163, §5, Acts 1997, 75th Leg., ch. 837, §4.01, Acts 1997, 75th Leg., ch.1023, Acts 1997, 75th Leg., ch.1026, §7); and

(9) coverage for rehabilitation services and therapies as required by Article 20A.09(a)(4) of this code (Acts 1997, 75th Leg., ch. 163, §5, Acts 1997, 75th Leg., ch. 837, §4.01, Acts 1997, 75th Leg., ch.1023, Acts 1997, 75th Leg., ch.1026, §7).