

Amend CSHB 7 as follows:

(1) On page 12, between lines 19 and 20, insert the following:

(44-a) "URAC" means the Utilization Review Accreditation Committee of the American Accreditation Healthcare Commission, Inc.

(2) On page 115, line 19, between "compensable injury" and the semicolon, insert ", including the relief of pain".

(3) On page 120, strike lines 3-7 and substitute the following:

"medical condition. The designated doctor doing the review must hold the same type of professional license that the treating doctor holds [~~be trained and experienced with the treatment and procedures used by the doctor treating the patient's medical condition, and the treatment and procedures performed must be within the scope of practice of the designated doctor~~]. The department [~~commission~~]".

(4) On page 125, line 11, insert the following after the period:

"The commissioner shall monitor pharmaceutical costs and the utilization of pharmaceutical services."

(5) On page 128, line 7, strike "65th" and substitute "45th".

(6) On page 128, strike line 10 and substitute the following:

"time during the 45-day period. The payment shall be made in a manner consistent with the prompt pay requirements under Chapter 1301, Insurance Code. If the insurance carrier requests".

(7) On page 128, line 20, strike "65th" and substitute "45th".

(8) On page 128, line 23, strike "160th" and substitute "90th".

(9) On page 128, line 25, strike "160th" and substitute "90th".

(10) On page 129, line 19, strike "65th" and substitute "45th".

(11) On page 129, line 23, strike "160th" and substitute "90th".

(12) On page 130, line 16, strike "65th" and substitute

"45th".

(13) On page 143, line 8, insert the following after the period:

"The department shall accept applications only from those carriers, networks, and individuals that are URAC accredited or are accredited by a similar national organization recognized by the commissioner."

(14) On page 145, line 27, strike "is not required" and substitute "is required".

(15) On page 146, line 3, strike "for participation if the provider network" and substitute "for participation even if the provider network".

(16) On page 169, line 13, between "Insurance Code" and the period, insert the following:

", and must be URAC accredited or accredited by a similar national organization recognized by the commissioner".

(17) On page 170, strike lines 14-19 and substitute the following:

"(F) ensuring that providers used by the provider network to perform utilization review:

(i) meet the provider network's credentialing standards;

(ii) are appropriately trained to perform utilization review in accordance with Section 408B.354;

(iii) hold the same type of professional license as the treating doctor; and

(iv) are licensed in this state;".

(18) On page 172, line 7, insert the following after the period:

"Retrospective review must be performed by a doctor who:

(1) holds the same type of professional license as the treating doctor; and

(2) is licensed in this state."

(19) On page 187, strike lines 14-16 and substitute the following:

"Sec. 408C.007. PREAUTHORIZATION; UTILIZATION REVIEW. (a) All health care services must be preauthorized except for emergency

care. A health care provider is guaranteed payment for a preauthorized health care service provided by the health care provider."

(20) On page 196, line 14, strike "under the provider network" and substitute "who holds the same type of professional license as the treating doctor".

(21) On page 285, strike lines 21-22 and substitute the following:

"SECTION 1.523. Section 413.0512, Labor Code, is amended by amending Subsections (a), (c), and (d) and by adding Subsection (e) to read as follows:".

(22) On page 286, between lines 21 and 22, insert the following:

"(e) While a person is serving on the medical quality review panel, the person must be in full-time active professional practice. The person may not receive any compensation for the performance of utilization reviews."