

for you what some of those will be. First, it will allow for at least annual credentialing. That means bringing new people into the PPO network so that, once a PPO is formed and a doctor is left out, it's still possible for that doctor to come back into the network and join at a later time or at least to be reviewed. Secondly, that providers will be analyzed and the credentialing process will be based on quality, accessibility or economic considerations so that there is a list of criteria that the insurance company must use when they choose to credential providers. Third, that customer satisfaction surveys, which insurance companies quite often use, be available to perspective PPO participants upon request. This information has been treated as confidential at other times and PPO participants or potential participants haven't been able to see these. Now they will be able to see them upon request. That if a provider seeks to contract with a PPO, that in the event they are left out and there's an appeal that in that case a statement of criteria or standards upon which the basis to refuse to contract is made will be given the provider. Lastly, if you're in a PPO as a provider and you are asked to leave, your contract expires, that there is a second level of appeal inside the PPO and that second level is a three-member appeals committee which will be available under the PPO and this is for the purpose of excluding or failing to retain providers who are previously contracted with, this three-member panel will render what might be, I guess, best seen as a nonbinding arbiter's decision, meaning they'll hear the case, they'll make a decision. The decision is not binding on the parties, however, it is believed that the appeal process would be largely persuasive to the insurance companies since otherwise the opportunity is to go immediately to court. Now let me tell you that the green copy of the bill had other means, other language. It was more extensive than that in some cases and in other cases, less extensive, that what I've just described are basically the committee amendments. I would ask for their adoption and, at that point, I would ask for the advancement of 473. Let me tell you that the supporters continue to be supporters of the bill and these committee amendments come about as a process of negotiation with opponents and the opponents that we have contacted have assuaged their differences in the bill which means that both Blue Cross-Blue Shield and Mutual of Omaha now support 473 along with the docs, the dentists, the nurses, the social workers and the Hospital Association. To get insurance companies and the providers on the same side of the issue shows, I think, the wisdom of those parties to get together and find common ground which these