

EXHIBIT 1

Existing And Pending Legislation On Second Medical Opinions In Seven States

Existing legislation

State	Law covers	Law specifics
Florida	HMO enrollees	SMO is allowed if enrollee disputes the appropriateness or necessity of surgery or is subject to a serious injury or illness, including not responding to current treatment plan
		SMO provider is chosen by plan, but all of the details must be stated in enrollee's contract
		Provider is responsible for all charges that are usual, reasonable, and customary Patient's responsibilities must be stated in contract and are capped at 40 percent
	Workers' compensation	Patient may obtain one SMO Health professional providing the SMO must be in the same specialty, within provider's network, and SMO must be provided during the episode of care
Indiana	HMO enrollees	SMO is provided upon enrollee's request Health plan chooses who provides the SMO Financial arrangements are not specified
Louisiana	Workers' compensation	SMO is provided upon enrollee's request Who will provide the SMO is not specified Financial arrangements are not specified
Missouri	Health services corporations	SMO is provided upon enrollee's request SMO is guaranteed only for major surgery, other treatment requiring general anesthesia, or serious illness involving loss of bodily part or function
		Health services corporation can restrict access to participating plan providers if they have the appropriate medical expertise Patient is responsible only for costs that would have been incurred for a similar initial medical opinion
New Hampshire	Workers' compensation	SMO is provided upon enrollee's request Who will provide the SMO is not specified Financial arrangements are not specified
New York	All medical providers	Restricted to persons with a diagnosis of cancer Patient is responsible for costs that would have been incurred for a similar referral
	Workers' compensation	Applies to managed care organization enrollees only Patient may seek SMO from approved panel of health care providers Second opinion is binding unless third opinion is sought Employer/carrier is responsible for all charges of such opinions

Pending legislation

California	All health care service plans and disability insurers	SMO is provided upon enrollee's request (with defined limits) or at the request of the health professional who is treating the enrollee Health services corporation can restrict access to participating plan providers if they have the appropriate medical expertise Patient is responsible for copayments that would have been incurred for similar referrals
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SOURCES: Florida Insurance Code, sec. 641.51; Florida Labor Code, sec. 440.134; Indiana Insurance Code, sec. 27.13.37; Louisiana Labor and Workers' Compensation Code, sec. 23.1221; Missouri S.B. 754 (signed into law in 1998); New York Insurance Code, sec. 4303, New York Workers' Compensation Code, sec. 126 (expires and repealed 31 December 2000); New Hampshire Workers' Compensation Code, sec. 281-a:23; and California A.B. 12, "Health Care Coverage: Second Opinions" (1999).

NOTES: HMO is health maintenance organization. SMO is second medical opinion.