

~~(F) SHALL BE ACTIVELY INVOLVED IN THE PROVISION OF DIRECT HEALTH CARE SERVICES TO PATIENTS WITH THE HUMAN DISEASES OR DISORDERS BEING EVALUATED, WHETHER OR NOT THE PATIENTS ROUTINELY TREATED BY THE PROVIDER ARE ENROLLEES OF THE CARRIER;~~

~~(H) MAY NOT BE AN EMPLOYEE OF THE CARRIER;~~

~~(HH) SHALL BE BOARD CERTIFIED IN THE PERTINENT OR APPROPRIATE SPECIALTY OR SUBSPECIALTY AREA; AND~~

~~(IV) SHALL BE GENERALLY RECOGNIZED BY THEIR PEERS TO BE AUTHORITATIVE RESOURCES IN THE CLINICAL AREA BEING EVALUATED, AS EVIDENCED BY:~~

~~1. FACULTY APPOINTMENTS;~~

~~2. AUTHORSHIP OF A SIGNIFICANT BODY OF PEER-REVIEWED CLINICAL LITERATURE IN THE RELEVANT SPECIALTY AREA; AND~~

~~3. A DEMONSTRATED HISTORY OF LEADERSHIP IN LOCAL, STATE, AND NATIONAL PROFESSIONAL ASSOCIATIONS AND NONPROFIT PATIENT AND COMMUNITY ADVOCACY ORGANIZATIONS THAT ADDRESS THE DISEASES AND SPECIALTY AREAS IN QUESTION.~~

~~(5) EACH CARRIER SHALL FILE ANNUALLY WITH THE COMMISSIONER THE CREDENTIALING CRITERIA THE CARRIER HAS UTILIZED IN SELECTING THE CLINICAL EXPERTS AND OTHER SOURCES UTILIZED BY THE CARRIER IN EVALUATING A DIAGNOSTIC OR THERAPEUTIC SERVICE THAT IS PART OF AN EMERGING MEDICAL OR SURGICAL TREATMENT.~~

~~(F) A CARRIER'S DECISION TO PROVIDE COVERAGE FOR AN EMERGING MEDICAL OR SURGICAL TREATMENT SHALL RESULT FROM THE CONSENSUS OF OPINION FROM ITS OWN ANALYSIS AND THE KNOWLEDGE PROVIDED TO THE CARRIER FROM THE CLINICAL EXPERTS IDENTIFIED BY THE CARRIER UNDER SUBSECTION (E)(3) OF THIS SECTION.~~

~~(G) (1) EACH CARRIER, IN CONSULTATION WITH THE CLINICAL EXPERTS IDENTIFIED BY THE CARRIER UNDER SUBSECTION (E)(3) OF THIS SECTION, SHALL DECIDE THE APPROPRIATE PATIENT SELECTION CRITERIA FOR AN EMERGING MEDICAL OR SURGICAL TREATMENT FOR THE CARRIER'S AND THE CLINICAL EXPERT'S REVIEW AND FOR WHICH COVERAGE BY THE CARRIER IS TO BE EXTENDED.~~

~~(2) A CARRIER MAY USE THE PATIENT SELECTION CRITERIA AND OTHER GUIDELINES AGREED ON WITH THE CLINICAL EXPERTS TO APPROVE OR DENY COVERAGE FOR EMERGING MEDICAL AND SURGICAL TREATMENTS FOR ITS ENROLLEES.~~

~~(H) (1) A CARRIER'S MEDICAL DIRECTOR AND MEDICAL POLICY STAFF MAY NOT MAKE COVERAGE DECISIONS ON LIFESAVING EMERGING MEDICAL OR SURGICAL TREATMENTS WITHOUT FIRST CONSULTING THE CLINICAL EXPERTS IDENTIFIED BY THE CARRIER UNDER SUBSECTION (E)(3) OF THIS SECTION.~~