

(3) HAVE NO HISTORY OF DISCIPLINARY ACTIONS OR SANCTIONS, INCLUDING LOSS OF STAFF PRIVILEGES OR PARTICIPATION RESTRICTIONS THAT HAVE BEEN TAKEN BY ANY HOSPITAL, GOVERNMENTAL AGENCY OR UNIT, OR REGULATORY BODY THAT THE COMMISSIONER, IN ACCORDANCE WITH REGULATIONS ADOPTED BY THE COMMISSIONER, CONSIDERS RELEVANT IN MEETING THE REQUIREMENTS OF THIS SUBSECTION.

(D) AN INDEPENDENT REVIEW ORGANIZATION MAY NOT BE A SUBSIDIARY OF, OR IN ANY WAY OWNED OR CONTROLLED BY, A HEALTH BENEFIT PLAN, A TRADE ASSOCIATION OF HEALTH BENEFIT PLANS, OR A TRADE ASSOCIATION OF HEALTH CARE PROVIDERS.

(E) IN ADDITION TO SUBSECTION (D) OF THIS SECTION, TO BE INCLUDED ON THE LIST COMPILED UNDER SUBSECTION (B) OF THIS SECTION, AN INDEPENDENT REVIEW ORGANIZATION SHALL SUBMIT TO THE COMMISSIONER THE FOLLOWING INFORMATION:

(1) IF THE INDEPENDENT REVIEW ORGANIZATION IS A PUBLICLY HELD ORGANIZATION, THE NAMES OF ALL STOCKHOLDERS AND OWNERS OF MORE THAN 5% OF ANY STOCK OR OPTIONS OF THE INDEPENDENT REVIEW ORGANIZATION;

(2) THE NAMES OF ALL HOLDERS OF BONDS OR NOTES IN EXCESS OF \$100,000, IF ANY;

(3) THE NAMES OF ALL CORPORATIONS AND ORGANIZATIONS THAT THE INDEPENDENT REVIEW ORGANIZATION CONTROLS OR IS AFFILIATED WITH, AND THE NATURE AND EXTENT OF ANY OWNERSHIP OR CONTROL, INCLUDING THE AFFILIATED ORGANIZATION'S TYPE OF BUSINESS; AND

(4) THE NAMES OF ALL DIRECTORS, OFFICERS, AND EXECUTIVES OF THE INDEPENDENT REVIEW ORGANIZATION, AS WELL AS A STATEMENT REGARDING ANY RELATIONSHIPS THE DIRECTORS, OFFICERS, AND EXECUTIVES MAY HAVE WITH ANY CARRIER OR HEALTH CARE PROVIDER GROUP.

(F) AN EXPERT REVIEWER ASSIGNED BY THE INDEPENDENT REVIEW ORGANIZATION OR THE INDEPENDENT REVIEW ORGANIZATION OR MEDICAL EXPERT SELECTED BY THE COMMISSIONER UNDER THIS SECTION MAY NOT HAVE A MATERIAL PROFESSIONAL, FAMILIAL, OR FINANCIAL CONFLICT OF INTEREST WITH ANY OF THE FOLLOWING:

(1) THE CARRIER THAT IS THE SUBJECT OF THE COMPLAINT;

(2) ANY OFFICER, DIRECTOR, OR MANAGEMENT EMPLOYEE OF THE CARRIER THAT IS THE SUBJECT OF THE COMPLAINT;

(3) THE HEALTH CARE PROVIDER, THE HEALTH CARE PROVIDER'S MEDICAL GROUP, OR THE INDEPENDENT PRACTICE ASSOCIATION THAT RENDERED OR IS PROPOSING TO RENDER THE HEALTH CARE SERVICE THAT IS UNDER REVIEW;

(4) THE HEALTH CARE FACILITY AT WHICH THE HEALTH CARE SERVICE WAS PROVIDED OR WILL BE PROVIDED; OR