



Representative Ivy Spohnholz

House Health & Social Services Committee Chair

*Serving House District 16: College Gate, Russian Jack, Nunaka Valley, & Reflection Lake
Committee Member: Education, Energy, Military & Veterans Affairs, Legislative Budget & Audit*

Committee Substitute - Explanation of Changes

House Bill 123: House Judiciary v. I to Senate Health & Social Services, v. G

"An Act relating to disclosure of health care services and price information; and providing for an effective date."

Version I contained language for health care providers and facilities to post price information for the most commonly performed services with the undiscounted price. Version G expands that language to include the addition of facility fees and Medicaid payment rates.

In Version I, health care providers and facilities will publish the price information lists by January 31st each year, in addition to sending the information to the Department of Health & Social Services for their database. The price information will be posted in their reception area. Version G still requires this, although, language has been added to require the health care provider and facility to post the information in font size no smaller than 20, in addition to posting a statement that says the following: "You will be provided with an estimate of the anticipated charges for your nonemergency care upon request. Please do not hesitate to ask for information." A list of health care insurers that are in-network with the provider or facility will also be posted.

Civil penalties in Version I were \$50 a day, not to exceed \$2,500. In Version G, they have increased to \$100 a day, not to exceed \$5,000. If a good faith estimate (GFE) is not provided 10 days prior to the date of request, the civil penalties will be \$100 a day, not to exceed \$5,000.

Version G has added definitions for facility fee, health care insurer, and nonemergency health care service.

The following changes have been added to Version G that is not found in Version I:

- A health care provider that works in a group practice is not required to post their price information unless the group practice has already compiled and published the information and the fees.
- A patient may request a GFE and the health care provider or facility has 10 days to return the estimate verbally, in writing, or electronically to the patient that made the request. If the request is returned to the patient verbally, the provider or facility must maintain a record of that request.

- The GFE will include: health care services, products, procedures, and supplies, the in-network and out-of-network providers, procedure code, facility fees, and the identity of other agencies that may charge for a service or product in connection to the health care service.
- A health care provider or facility that provides a GFE is not liable for damages if the GFE is different from the amount the patient is charged.
- A municipality may not enforce an ordinance that imposes health care price disclosure requirements.

This completes the changes and additions to HB123 from version I to version G.