SENATE CS for CS HOUSE BILL 123 30-LS0380\B
Explanation of Changes: version O to version B

Statute	Provision	Section	(H) HSS v. O		(S) HSS v. B	
AS 18.15.360	Data collection	1	a	Department of Health and Social Services (DHSS) will expand their data collection to include health care services and price information.	No change	a
AS 18.23.400	Disclosure and reporting of health care services and price information	2	a	A health care provider will annually compile by procedure and diagnosis code the 25 health care services most commonly performed and the undiscounted price from the previous year.	Delete diagnosis code. Add: facility fees and the Medicaid payment rate under AS 47.07 and AS 47.05.	a
			b	A health care facility will annually compile by procedure code and diagnosis code the 50 health care services most commonly performed and the undiscounted price from the previous year.	Delete diagnosis code. Add: facility fees and the Medicaid payment rate under AS 47.07 and AS 47.05.	b
			e	If a provider performs less than 25 services, or if a facility peforms less than 50 services, during the annual reporting period, the provider or facility will provide a list of all the services they performed. *(provision was moved to subsection (c), and language was expanded).*	Add: the list will include the information required in subsection (a) and (b).	c
			No provision		A provider in a group practice is not required to compile and publish a list if the group practice already compiles and publishes a price list, and the prices of the provider are reflected in the list.	d
			c	The provider and facility will publish the lists under subsection (a) and (b) by January 31st each year and provide the list to DHSS. The lists will also be posted in the public reception area of the provider's clinic or facility. The lists will also be posted on the website of the provider of facility, if they have one. *(provision was moved to subsection (e), and language was expanded).*	Add: the name and location of the provider or facility, and DHSS's internet website, font size no smaller than 20, a written statement, "You will be provided with an estimate of the anticipated charges for your nonemergency care upon request. Please do not hesistate to ask for information;" a list of health care insurers in-network with the provider or facility.	e
			d	DHSS will compile and annually update the lists provided by the health care providers and facilities with their names and addresses, and post this information on DHSS's website, and enter this information into their database maintained under AS 18.15.360. *(provision was moved to subsection (f), but language wasn't expanded).*		f

Statute	Provision	Section	(H) HSS v. O		(S) HSS v. B	
AS 18.23.400 (continued)	Disclosure and reporting of health care services and price information (continued)	2	No provision		**Upon request of a good faith estimate (GFE), a provider, facility, or insurer has 10 days to provide the GFE or before the service is provided. The GFE will be given verbally, in writing, or electronically. If the GFE is given to the patient verbally, the provider or facility will keep a record of the request. The GFE must include a portion of the total charges or a reasonable range of the anticipated charges.**	g
			No provision		**The GFE, in plain language that an individual can understand, 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.**	h
					A health care provider, facility, or insurer that provides a GFE is not liable for damages if the estimate differs than the amount charged to the patient.	i
					A health care facility that is an emergency department is not required to provide a GFE for nonemergency care.	j
			f	A provider or facility that does not comply with posting the price information, DHSS will fine them $50 a day for each day after March 31st. Not to exceed $2,500. An aggrieved person may file an appeal with the superior court for judicial review of the penalty under AS 44.62.560. *(provision was moved to subsection (k) and (l), and language was expanded).*	**A provider or facility that does not comply with subsections (a)-(e) and (g)-(h), DHSS will fine them $100 a day for each day after March 31st. Not to exceed $10,000. An insurer that does not comply with subsections (g)-(h) is liable for a civil penalty not to exceed $10,000.**	k
					A health care provider, facility, or insurer penalized under subsection (k) is entitled to a hearing conducted by the office of administrative hearings under AS 44.64.	l
			No provision		**A municipality may not enforce an ordinance that imposes health care price disclosure requirements.**	m
			g	Department, health care facility and exemptions, health care provider, health care service, price, recipient, and third party are defined. *(provision was moved to subsection (n), and language was expanded).*	Add: **facility fee, tribal health organizations, health care insurer, nonemergency health care service, patient, and undiscounted price.**	n

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AS 21.96.200	Good faith estimate	3	No provision	A person who has insurance can request a GFE of nonemergency health care services. The health care insurer will provide a GFE of the amount of the reasonably anticipated charges under subsections (g) and (h).
Transition and Effective Dates		4		DHSS may adopt regulations necessary to implement the changes in this Act and will take effect under AS 44.62 but not before the effective date.
		5		Section 4 will take effect immediately.
		6	January 1, 2018	January 1, 2019