



# ALASKA STATE LEGISLATURE

## HOUSE LABOR & COMMERCE COMMITTEE

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### HB 372 and CS HB 372am

#### Summary of Changes

#### **CS HB372am Section 1**

*Added in Version E.A CS HB 372am*

Section 1 21.06.110 is amended to read:

(10) the total number of public comments received and the director's efforts to the extent allowable by law, to improve or maintain public access to information on individual health insurance rate filings before they become effective; and

#### **HB 372 Section 4**

*Amended in Version E CS HB 372*

*Amended in Version E CS HB 372 am to be Section 5*

AS 21.07. is amended by adding a new section to read:

AS 21.07.005. Regulations relating to health care insurance policies.

#### **HB 372 Section 5**

*Deleted in Version E CS HB 372*

#### **HB372 Section 9**

*Amended in Version E CS HB 372 to be Section 8*

*Amended in Version E CS HB 372 am to be Section 9*

AS 21.07.030. is amended by adding a new subsection to read:

(h) A health care insurer that offers a health care insurance policy that provides coverage for obstetrical and gynecological care and that requires designation by a covered person of a participating primary care provider may not require authorization or referral by any person, including a primary care provider, for a female patient to receive obstetrical and gynecological care from a participating health care (PROVIDER AND SHALL TREAT AUTHORIZATIONS BY A HEALTH CARE PROVIDER WHO SPECIALIZES IN OBSTETRICAL AND GYNECOLOGICAL CARE AS THE PRIMARY CARE PROVIDER) professional who specializes in obstetrics and gynecology. A participating health care professional who specializes in obstetrics and gynecology shall agree to adhere to the health care insurer's policies and procedures, including procedures regarding referrals, obtaining prior authorization, and providing services

under a treatment plan, if any approved by the health care insurer. A health care insurer shall treat authorization by a health care professional who specializes in obstetrical and gynecological care as the authorization of the primary care provider.

## **HB 372 Section 12**

*Amended in Version E CS HB 372 to be Section 11*

*Amended in Version E CS HB 372 am to be Section 12*

AS 21.07.250. is amended by adding a new paragraph to read:

(15) "emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, that a prudent person who possesses an average knowledge of health and medicine could reasonably expect that the absence of immediate medical attention would result in serious impairment of bodily functions, serious dysfunctions of a bodily organ or part, or would place the person's health or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy.

## **Section 32**

*Amended in Version E CS HB 372 to Section 31*

*Amended in Version E CS HB 372 am to be Section 32*

AS 21.36.225. Notice of health insurance coverage cancellation, coverage change or premium change

(b) An insurer shall provide a written notice to a policyholder of the specific changes in coverage or the exact change in premium at least 45 days before the effective date of the change in coverage or premium.

## **Section 46**

*Deleted in Version E CS HB 372*

## **Section 50**

*Deleted in Version E CS HB 372*

Renumber all Section of CS HB372am beginning with Section 1. Total Sections in Version E CS HB 372 is 72