

# Alaska State Legislature

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## CSSB 121 (HSS)

### Summary of changes from version N to version I

#### Amendment #1

On page 2, line 14, following the word “rates”: inserted “for an allowable charge under (a) of this section.”

*This change clarified that the 75<sup>th</sup> percentile rule would apply only to the out-of-network providers. This would not apply to a provider who negotiates an agreed-upon contract with the insurer.*

This can be found now on page 2, line 13 of version I.

#### Amendment #2

On page 1, line 14

Deleted “and must be the same across the state” and inserted “must be the same across the state and be the greater of the allowable charge or 450 percent of the federal Centers for Medicare and Medicaid Services fee schedule for the state in effect at the time of delivery of the health care service or supply.”

This can be found now on page 1, line 14 to page 2, line 2 in version I.

On page 2, lines 4-7

Deleted “Allowable charges for primary care providers must be the greater of the allowable charge or 450 percent of the federal Centers for Medicare and Medicaid Services fee schedule for the state in effect at the time of delivery of the health care service or supply.”

*This adjusted the language so that 450% of Medicare would be the reimbursement floor for all providers, not just for primary care.*