

AMENDMENT

1

Withdrawn

OFFERED IN THE HOUSE

BY REPRESENTATIVE KREISS-TOMKINS

TO: CSHB 123(HSS)

1 Page 2, lines 12 - 16:

2 Delete all material and insert:

3 "(b) A health care facility in the state shall annually compile two lists of
4 procedures, each compiled by procedure code, including a brief description written in
5 plain language that an individual with no medical training can understand. A
6 procedure may appear on both lists. One list must include the 50 health care services
7 most commonly performed at the facility in the previous calendar year and the
8 undiscounted price charged for each of those health care services. The other list must
9 include the 10 highest revenue-generating health care services performed at the facility
10 in the previous calendar year and the undiscounted price charged for each of those
11 health care services. The facility shall calculate the 10 highest revenue-generating
12 health care services by multiplying the undiscounted price charged for the service by
13 the number of times the service was performed."

AMENDMENT

#2

Failed

OFFERED IN THE HOUSE
TO: CSHB 123(HSS)

BY REPRESENTATIVE REINBOLD

- 1 Page 3, line 18, following "municipal,":
- 2 Insert "federal,"
- 3
- 4 Page 3, line 24:
- 5 Delete ""health care facility" does not include"
- 6
- 7 Page 3, line 25, through page 4, line 3:
- 8 Delete all material.

AMENDMENT

3 Failed

OFFERED IN THE HOUSE
TO: CSHB 123(HSS)

BY REPRESENTATIVE REINBOLD

1 Page 1, line 1, following "information;":

2 Insert "relating to health care insurers;"

3

4 Page 2, line 1, following "AS 18.23.400":

5 Insert "and AS 21.96.125"

6

7 Page 4, following line 21:

8 Insert a new bill section to read:

9 **** Sec. 3.** AS 21.96 is amended by adding a new section to read:

10 **Sec. 21.96.125. Disclosure of health care services and price information by**

11 **health care insurers.** (a) A health care insurer shall annually

12 (1) compile a list describing, by procedure code, including a brief
13 description in plain language that an individual with no medical training can
14 understand, the 50 most common health care services covered by the insurer in this
15 state in the previous calendar year and the total cost to the insurer for each of those
16 health care services during that period;

17 (2) publish and update the list on the insurer's Internet website by
18 January 31 each year; and

19 (3) submit the list by January 31 each year to the Department of Health
20 and Social Services for entry in the database under AS 18.15.360(a).

21 (b) The Department of Commerce, Community, and Economic Development
22 may adopt regulations under AS 44.62 (Administrative Procedure Act) to implement
23 this section.

1 (c) A health care insurer that fails to comply with the requirements of this
2 section is liable for a civil penalty. The Department of Health and Social Services may
3 impose a civil penalty of not more than \$~~150~~⁵⁰ for each day after March 31 that a health
4 care insurer fails to provide and post information as required under (a) of this section.
5 The total penalty may not exceed \$2,500. A person penalized under this subsection is
6 entitled to a hearing conducted by the office of administrative hearings under
7 AS 44.64.

8 (d) In this section,

- 9 (1) "health care insurer" has the meaning given in AS 21.54.500;
10 (2) "health care service" has the meaning given in AS 18.23.400;
11 (3) "insured" means an individual covered by a health care insurance
12 policy."

13
14 Renumber the following bill section accordingly.

AMENDMENT

#4

Failed

OFFERED IN THE HOUSE
TO: CSHB 123(HSS)

BY REPRESENTATIVE REINBOLD

- 1 Page 2, line 11, following "charged":
- 2 Insert "and the amount the provider actually received"
- 3
- 4 Page 2, line 16, following "charged":
- 5 Insert "and the amount the provider actually received"