

Representative Sara Rasmussen

Alaska State Legislature District 22

Toll Free: (866) 465-3892

SESSION ADDRESS:
Alaska State Capitol
Juneau, AK 99801
Phone: (907) 465-3892



Rep.Sara.Rasmussen@akleg.gov

INTERIM ADDRESS:
1500 W. Benson Blvd
Anchorage, AK 99503
Phone: (907) 269-0234

CS House Bill 176(L&C)

Explanation of Changes

“An Act relating to insurance; relating to direct health care agreements; and relating to unfair trade practices.”

Section 1:

Page 1, Line 7: Removes “or the representative of the patient” and makes conforming changes.

Page 1, Line 8: Replaces “periodic” with “annual” and makes conforming changes.

Page 1, Lines 9 – Page 2, Line 4: Adds new subsection (b), reordering language from version A and inserts new language requiring that annual fees must be comparable for comparable services and may not be based solely on the patient’s health status or sex.

Page 2, Lines 5-26: Adds a new subsection (c) and reorders following subsections accordingly. Adds language to clarify what entities can participate in direct health care agreements. Removes language in subsection (4) of version A and replaces it with additional requirements for the direct health care agreement as follows:

(4) it must be printed in a font not smaller than 12 points and written using plain language that an individual with no medical training can understand;

(5) it must identify and include contact information for the person responsible for receiving and addressing a complaint made by a patient; and

(6) it must state that the annual fee under the agreement for services must be comparable to other patients under the provider’s other direct health care agreements and may not be based solely on the patient’s health status or sex.

(7) it must specify the number of patients the health care provider has the ability to serve and the number they are currently serving.

Page 2, Line 27 – Page 3, Line 2: Inserts a new subsection (d), which allows a patient to terminate a health care agreement in writing within 30 days of entering the agreement. This subsection also provides that if a patient terminates an agreement, the provider must refund payments made, other than payments for services already performed. A nominal termination fee may be charged.

Page 3, Lines 3-16: Adds language in subsection (e) and a new subsection (f) to state that a direct health care agreement may be terminated in writing after at least 30 days’ notice or in accordance with the agreement. An agreement must provide for a refund and may provide for a nominal termination penalty or nominal termination fee. Additionally, a new subsection (g) is added, which allows the parties to a direct health care agreement to modify or renew the agreement by written agreement of the parties. A health care provider may not change the annual fee under the agreement more than once a year and shall provide at least 45 days’ written notice of a change in the annual fee.

Page 3, lines 17-19: Subsection (h) reverses language in version A to make direct health care agreements subject to AS 21.07 (Patient Protections Under Health Care Insurance Policies) and AS 21.36 (Trade Practices and Frauds).

Page 3, Line 31 – Page 4, Line 9: Inserts new subsection (j), providing that a person may not make, publish, or disseminate an assertion, representation, or statement with respect to the business of direct health care agreements, or with respect to a person in the conduct of the person’s direct health care agreement business that is untrue, deceptive, or misleading, and may not:

- (1) misrepresent the benefits, advantages, conditions, sponsorship, source, or terms of a direct health care agreement;
- (2) use a name or title of a direct health care agreement misrepresenting its true nature; or
- (3) make a false or misleading statement as to a direct health care agreement.

Additionally, inserts a new subsection (k), which requires that health care providers entering into health agreements file a report with the division of insurance no later than September 1 that includes

- (1) the number of health care providers in the health care practice;
- (2) the number of direct health care patients the health care practice has the capacity to serve;
- (3) the number of government entities, patients, and employers of patients that entered or maintained a direct health care agreement with the health care practice in the preceding calendar year and the annual fee paid by each government entity, patient, and employer of a patient, as applicable, under the direct health care agreement; and
- (4) other information requested by the division.

Page 4, Line 29-31: Subsection (l) adds a definition of a “health care practice” as “a firm, corporation, association, institution, or other person licensed or otherwise authorized in this state to provide health care services;” and renumbers subsections accordingly.

Section 2:

Page 5, Lines 28-30: Inserts a new subsection (c), which allows health care providers to decline entering into a direct care agreement with a new patient if the health care provider does not have the capacity to accept new patients.

Page 6, Line 3: References the definition for “health care provider” in AS 21.03.025(l).

Section 3:

Page 5, line 28; Inserts a new subsection (58), to add any violations under AS 21.03.025 (direct health care agreements) are unlawful acts and practices of the Unfair Trade Practices and Consumer Protection statutes and renumbers the following subsection accordingly.

Section 4:

Page 6, Lines 7-12: Adds transitional language for the Division of Insurance to adopt regulations.

Section 5:

Page 6, Line 13: Provides an immediate effective date for Section 4.

Section 6:

Page 6, Line 14: Provides for a January 1, 2023, effective date.