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Summary of Changes

SB 45

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

Version S to U

5 changes from first V.S to V.U:

- 1) Technical changes, non-substantive:
 - a) Language is rearranged for clarity.
 - b) Definition of "direct health care agreement" is moved to the definitions section.
 - c) Language is adjusted for consistency though out.
- 2) **Page 2, line 15-18:** Language is added requiring that a direct health care agreement must identify a contact person for a representative of the health care provider that is responsible for receiving requests to amend the agreement, in addition to the person responsible for receiving complaints.
- 3) **Page 3, line 2-12:** Language allowing a provider to immediately terminate the agreement if a patient does not comply with a treatment plan is removed from this section. A provider may still cancel and agreement with 30 days' notice.
- 4) **Page 3, line 16-22:** In version S, a health care provider may raise the periodic fee no more than once a year and must provide the patient 45 days' notice that they plan to do so. Version U has language added that allows the patient to cancel with no penalties if they decided to not continue an agreement when the provider raises the fees.
- 5) **Page 6, line 9-21:** A "false advertising" clause was added. This section prohibits a provider from false advertising regarding a direct health care agreement. It specifically prohibits advertising these agreements as insurance or as an alternative to insurance.