



AMENDMENT # 1

OFFERED IN THE HOUSE  
TO: HCS CSSB 105(FIN)

BY REPRESENTATIVE SPOHNHOLZ

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1 Page 1, line 2, following "services;": *(Title amendment)*

2 Insert "relating to disclosure of health care services and price information;

3 relating to health care insurers;"

4

5 Page 3, following line 13:

6 Insert new bill sections to read:

7 "\* Sec. 3. AS 18.15.360(a) is amended to read:

8 (a) The department is authorized to collect, analyze, and maintain databases of

9 information related to

10 (1) risk factors identified for conditions of public health importance;

11 (2) morbidity and mortality rates for conditions of public health

12 importance;

13 (3) community indicators relevant to conditions of public health

14 importance;

15 (4) longitudinal data on traumatic or acquired brain injury from the

16 registry established under AS 47.80.500(c)(1); [AND]

17 (5) health care services and price information collected under

18 AS 18.23.400; and

19 (6) any other data needed to accomplish or further the mission or goals

20 of public health or provide essential public health services and functions.

21 \* Sec. 4. AS 18.23 is amended by adding a new section to read:

22 **Article 4. Health Care Services and Price Information.**

23 **Sec. 18.23.400. Disclosure and reporting of health care services, price, and**

1 **fee information.** (a) A health care provider shall annually compile a list, including a  
2 brief description in plain language that an individual with no medical training can  
3 understand, of the 10 health care services most commonly performed by the health  
4 care provider in the state in the previous calendar year from each of the six sections of  
5 Category I, Current Procedural Terminology, adopted by the American Medical  
6 Association and, for each of those services, state

- 7 (1) the procedure code;  
8 (2) the undiscounted price; and  
9 (3) any facility fees.

10 (b) A health care facility in the state shall annually compile a list, including a  
11 brief description in plain language that an individual with no medical training can  
12 understand, of the 10 health care services most commonly performed at the health care  
13 facility in the previous calendar year from each of the six sections of Category I,  
14 Current Procedural Terminology, adopted by the American Medical Association and,  
15 for each of those services, state

- 16 (1) the procedure code;  
17 (2) the undiscounted price; and  
18 (3) any facility fees.

19 (c) If, in the annual reporting period under this section, fewer than the number  
20 of health care services described under (a) or (b) of this section are performed by a  
21 health care provider or at a health care facility in the state, the provider or facility shall  
22 include in the list required under this section all of the health care services performed  
23 by the provider or at the facility from each of the six sections described under (a) or  
24 (b) of this section.

25 (d) A health care provider who provides health care services at a health care  
26 facility in a group practice is not required to compile and publish a list under (a) and  
27 (e) of this section if

- 28 (1) the health care facility where the provider is in a group practice  
29 compiles and publishes a list in compliance with (b) and (e) of this section; and  
30 (2) the prices and fees that the provider charges are reflected in the list  
31 compiled and published by the health care facility.

1 (e) A health care provider and health care facility shall publish the lists  
2 compiled under (a) and (b) of this section by January 31 each year

3 (1) by providing the list to the department for entry in the department's  
4 database under AS 18.15.360 along with the name and location of the health care  
5 provider or health care facility;

6 (2) by posting a copy of the list

7 (A) in a font not smaller than 20 points;

8 (B) in a conspicuous public reception area at the health care  
9 provider's office or health care facility where the services are performed;

10 (C) that includes the address for the department's Internet  
11 website;

12 (D) that may include a statement explaining that the  
13 undiscounted price may be higher or lower than the amount an individual  
14 actually pays for the health care services described in the list;

15 (E) that includes a statement substantially similar to the  
16 following: "You will be provided with an estimate of the anticipated charges  
17 for your nonemergency care upon request. Please do not hesitate to ask for  
18 information."; and

19 (F) that lists any health care insurers with which the health care  
20 provider or health care facility has a contract to provide health care services as  
21 an in-network preferred provider; and

22 (3) if the health care provider or health care facility has an Internet  
23 website, by posting the list on the website.

24 (f) The department shall annually compile the lists provided under (a) and (b)  
25 of this section by health care service and, where relevant, health care provider and  
26 health care facility name and location, post the information on the department's  
27 Internet website, and enter the information in the database maintained under  
28 AS 18.15.360.

29 (g) If a patient who is receiving nonemergency health care services requests an  
30 estimate from a health care provider, health care facility, or health care insurer of the  
31 reasonably anticipated charges for treating the patient's specific condition, the health

1 care provider, health care facility, or health care insurer

2 (1) shall provide a good faith estimate before the nonemergency health  
3 care services are provided and not later than 10 business days after receiving the  
4 request;

5 (2) shall provide the estimate in whichever of the following formats  
6 the patient requests: orally, in writing, or by electronic means; if the estimate is  
7 provided orally, the health care provider, health care facility, or health care insurer  
8 shall keep a record of the estimate;

9 (3) is not required to disclose the charges for the total anticipated  
10 course of treatment for the patient, but if the estimate does not include charges for the  
11 total anticipated course of treatment, the estimate must include a statement explaining  
12 that the estimate only includes charges for a portion of the total anticipated course of  
13 treatment; and

14 (4) may provide an estimate that includes a reasonable range of  
15 charges for anticipated health care services if the charges for the services will vary  
16 significantly in response to conditions that the health care provider, health care  
17 facility, or health care insurer cannot reasonably assess before the services are  
18 provided.

19 (h) A good faith estimate provided by a health care provider or health care  
20 facility under (g) of this section must include

21 (1) a brief description in plain language that an individual with no  
22 medical training can understand of the health care services, products, procedures, and  
23 supplies that are included in the estimate;

24 (2) a notice disclosing the health care provider's or health care facility's  
25 in-network or out-of-network status that is substantially similar to one of the following  
26 forms:

27 (A) "(Name of health care provider or health care facility) is a  
28 contracted, in-network preferred provider for ONLY the following plan  
29 networks: (list each network or state 'NONE. YOU MAY INCUR OUT-OF-  
30 NETWORK CHARGES.');" ;

31 (B) "(Name of health care provider or health care facility) is a

1 contracted, in-network preferred provider for your insurance plan."; or

2 (C) "(Name of health care provider or health care facility) is  
3 NOT a contracted, in-network preferred provider for your insurance plan.  
4 YOU MAY INCUR OUT-OF-NETWORK CHARGES.";

5 (3) the procedure code for each health care service included in the  
6 estimate;

7 (4) any facility fees, along with an explanation of the facility fees; and

8 (5) the identity, or suspected identity, of any other person that may  
9 charge the patient for a service, product, procedure, or supply in connection with the  
10 health care services included in the estimate, along with an explanation of whether the  
11 charges are included in the estimate.

12 (i) A health care provider or health care facility that provides a good faith  
13 estimate to a patient under (g) and (h) of this section or a health care insurer that  
14 provides a good faith estimate to a patient under (g) of this section is not liable for  
15 damages or other relief if the estimate differs from the amount actually charged to the  
16 patient.

17 (j) The requirement for a health care facility to provide a good faith estimate  
18 of reasonably anticipated charges for nonemergency health care services under  
19 (e)(2)(E), (g), and (h) of this section does not apply to a health care facility that is an  
20 emergency department.

21 (k) A health care provider or a health care facility that fails to comply with the  
22 requirements of (a) - (e), (g), or (h) of this section or a health care insurer that fails to  
23 comply with the requirements of (g) of this section is liable for a civil penalty not to  
24 exceed \$10,000 for each violation. The department may impose a penalty,

25 (1) for failure to comply with (a) - (e) of this section, of not more than  
26 \$100 for each day of noncompliance after March 31; or

27 (2) for failure to provide a good faith estimate under (g) or (h) of this  
28 section, of not more than \$100 for each day of noncompliance.

29 (l) A health care provider, health care facility, or health care insurer penalized  
30 under (k) of this section is entitled to a hearing conducted by the office of  
31 administrative hearings under AS 44.64.

1 (m) A municipality may not enact or enforce an ordinance that is inconsistent  
2 with or imposes health care price or fee disclosure requirements in addition to the  
3 requirements under this section or regulations adopted under this section.

4 (n) In this section,

5 (1) "department" means the Department of Health and Social Services;

6 (2) "facility fee" means a charge or fee billed by a health care provider  
7 or health care facility that is in addition to fees billed for a health care provider's  
8 professional services and is intended to cover building, electronic medical records  
9 system, billing, and other administrative and operational expenses;

10 (3) "health care facility" means a private, municipal, or state hospital,  
11 psychiatric hospital, emergency department, independent diagnostic testing facility,  
12 residential psychiatric treatment center as defined in AS 47.32.900, kidney disease  
13 treatment center (including freestanding hemodialysis units), the offices of private  
14 physicians or dentists whether in individual or group practice, ambulatory surgical  
15 center as defined in AS 47.32.900, free-standing birth center as defined in  
16 AS 47.32.900, and rural health clinic as defined in AS 47.32.900; "health care facility"  
17 does not include

18 (A) the Alaska Pioneers' Home and the Alaska Veterans' Home  
19 administered by the department under AS 47.55;

20 (B) an assisted living home as defined in AS 47.33.990;

21 (C) a nursing facility licensed by the department to provide  
22 long-term care;

23 (D) a facility operated by an Alaska tribal health organization;  
24 and

25 (E) a hospital operated by the United States Department of  
26 Veterans Affairs or the United States Department of Defense, or any other  
27 federally operated hospital or institution;

28 (4) "health care insurer" has the meaning given in AS 21.54.500;

29 (5) "health care provider" means an individual licensed, certified, or  
30 otherwise authorized or permitted by law to provide health care services in the  
31 ordinary course of business or practice of a profession;

1 (6) "health care service" means a service or procedure provided in  
 2 person or remotely by telemedicine or other means by a health care provider or at a  
 3 health care facility for the purpose of or incidental to the care, prevention, or treatment  
 4 of a physical or mental illness or injury;

5 (7) "nonemergency health care service" means a health care service  
 6 other than a health care service that is immediately necessary to prevent the death or  
 7 serious impairment of the health of the patient;

8 (8) "patient" means an individual to whom health care services are  
 9 provided in the state by a health care provider or at a health care facility;

10 (9) "third party" means a public or private entity, association, or  
 11 organization that provides, by contract, agreement, or other arrangement, insurance,  
 12 payment, price discount, or other benefit for all or a portion of the cost of health care  
 13 services provided to a recipient; "third party" does not include a member of the  
 14 recipient's immediate family;

15 (10) "undiscounted price" means an amount billed for a service  
 16 rendered without complications or exceptional circumstances; "undiscounted price"  
 17 does not include a negotiated discount for an in-network or out-of-network service  
 18 rendered or the cost paid by a third party for that service.

19 \* **Sec. 5.** AS 21.96 is amended by adding a new section to read:

20 **Sec. 21.96.200. Good faith estimate.** Upon request of a covered person who is  
 21 receiving nonemergency health care services, a health care insurer shall provide a  
 22 good faith estimate of the amount of the reasonably anticipated charges for treating the  
 23 patient's specific condition under AS 18.23.400(g)."  
 24

25 Renumber the following bill sections accordingly.

26  
 27 Page 4, line 13:

28 Delete "sec. 3"

29 Insert "sec. 6"

30  
 31 Page 4, line 19:

1 Delete "Section 4"

2 Insert "Section 7"

3

4 Page 4, line 20:

5 Delete "sec. 6"

6 Insert "sec. 9"