

SENATE BILL NO. 129

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTIETH LEGISLATURE - SECOND SESSION

BY SENATOR GIESSEL

Introduced: 1/16/18

Referred: Labor and Commerce, Finance

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to emergency services and balance billing; relating to the**
2 **determination by an insurer of a final payment for a covered service or supply; and**
3 **annulling regulations relating to determination by an insurer of a final payment for a**
4 **covered service or supply based on geographical areas."**

5 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

6 * **Section 1.** AS 21.36 is amended by adding a new section to read:

7 **Sec. 21.36.512. Emergency services; balance billing.** (a) A health care
8 provider or health care facility that provides emergency services or treatment of an
9 emergency medical condition under AS 21.07.020 may not balance bill for services
10 that results in a covered person's incurring greater out-of-pocket costs, including
11 copayment, deductible, or coinsurance amounts, for emergency services or treatment
12 of an emergency medical condition from a non-network health care provider than the
13 covered person would have incurred from a health care provider that furnishes
14 emergency services or treatment of an emergency medical condition through a

1 network of health care providers that have entered into a contract with a health care
2 insurer.

3 (b) In this section,

4 (1) "emergency medical condition" has the meaning given in
5 AS 21.07.250;

6 (2) "health care facility" includes a hospital emergency room or stand-
7 alone emergency service facility;

8 (3) "health care insurer" has the meaning given in AS 21.54.500;

9 (4) "health care provider" has the meaning given in AS 21.07.250.

10 * **Sec. 2.** AS 21.42.205 is amended to read:

11 **Sec. 21.42.205. Coordination of benefits and determination of final**
12 **payment for a covered service or supply.** (a) Unless prohibited by federal law, an
13 insurer authorized under AS 21.09 to offer, issue for delivery, deliver, or renew an
14 individual or group health insurance policy for major medical coverage on an expense
15 incurred basis; a health maintenance organization authorized under AS 21.86 to offer a
16 contract to provide major medical health care services on a prepaid basis; or a service
17 corporation authorized under AS 21.87 to offer or renew an individual or group
18 subscriber's contract for major medical coverage shall

19 **(1) include a coordination of benefits provision in a major medical**
20 **policy or contract; and**

21 **(2) determine the final payment for a covered service or supply**
22 **based on an amount that is at least 200 percent of the amount reimbursed by**
23 **Medicare for that service or supply under an applicable Medicare fee schedule**
24 **for the state.**

25 (b) The director may adopt regulations to implement this section, **except that**
26 **the director may not adopt a regulation that establishes the final payment for a**
27 **covered service or supply.**

28 * **Sec. 3.** 3 AAC 26.110(a)(2)(B) and (5)(A) are annulled.