

H.B. 294

HEALTH SYSTEM REFORM AMENDMENTS

HOUSE FLOOR AMENDMENTS

AMENDMENT 4

FEBRUARY 9, 2010 3:06 PM

Representative **David Clark** proposes the following amendments:

1. *Page 1, Line 21*

House Committee Amendments

2-8-2010:

21 ▶ clarifies the restrictions and protections for identifiable health information;

▶ requires health care providers to post prices for patients; =

2. *Page 5, Lines 137 through 141:*

137 31A-42a-204, Utah Code Annotated 1953

58-5a-307, Utah Code Annotated 1953

138 58-31b-802, Utah Code Annotated 1953

139 58-67-804, Utah Code Annotated 1953

140 58-68-804, Utah Code Annotated 1953

141 58-69-806, Utah Code Annotated 1953

58-73-603, Utah Code Annotated 1953

3. *Page 49, Lines 1509 through 1510b*

House Committee Amendments

2-8-2010:

1509 (c) one health benefit plan that ~~H~~→ {+} is {+} a federally qualified high deductible health
plan that has the highest deductible that qualifies as ~~H~~→ a

1509a federally qualified high deductible health plan ~~H~~→ [that

1510 ~~has a deductible of \$5,000]~~ as adjusted by federal law, ~~H~~→ and does not exceed an annual

1510a out-of-pocket maximum ~~H~~→ [of \$15,000.] equal to three times the amount of the annual

1510b deductible. ~~H~~

4. *Page 62, Line 1913*

House Committee Amendments

2-8-2010:

1913 and implemented by rule.

Section 37. Section 58-5a-307 is enacted to read:

58-5a-307. Consumer access to provider charges.

Beginning January 1, 2011, a podiatric physician licensed under this chapter shall, when requested by a consumer:

(1) make a list of professional charges available for the consumer which includes the podiatric physician's 25 most frequently performed:

(a) clinical procedures or clinical services;

(b) out-patient procedures; and

(c) in-patient procedures; and

(2) provide the consumer with information regarding any discount available for:

(a) services not covered by insurance; or

(b) prompt payment of billed charges.

5. Page 64, Line 1961:

1961 (b) prompt payment of billed charges.

= Section 41. Section 58-73-603 is enacted to read:

58-73-603. Consumer access to provider charges.

Beginning January 1, 2011, a chiropractic physician licensed under this chapter shall, when requested by a consumer:

(1) make a list of professional charges available for the consumer which includes the chiropractic physician's 25 most frequently performed:

(a) clinical procedures or clinical services;

(b) out-patient procedures; and

(c) in-patient procedures; and

(2) provide the consumer with information regarding any discount available for:

(a) services not covered by insurance; or

(b) prompt payment of billed charges.

Renumber remaining sections accordingly.