HEALTH CARE FACILITY DISCLOSURE REQUIREMENTS
2010 GENERAL SESSION
STATE OF UTAH
Chief Sponsor: Peter C. Knudson
House Sponsor:
LONG TITLE
General Description:
This bill amends the Health Care Facility Licensing and Inspection Act.
Highlighted Provisions:
This bill:
 requires a health care facility, as a condition of licensure, to adopt, implement,
publish, and inform patients of certain policies;
 requires the Department of Health to publish a list of the procedures for which
health care facilities, as a whole, most frequently bill patients; and
 requires a health care facility to publish for each procedure on the list published by
the Department of Health the amount the facility charges to perform the procedure
and the amount the facility is paid for the procedure by Medicaid and Medicare.
Monies Appropriated in this Bill:
None
Other Special Clauses:
None
Utah Code Sections Affected:
ENACTS:
26-21-26 , Utah Code Annotated 1953
26-21-27 , Utah Code Annotated 1953

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28	Be it enacted by the Legislature of the state of Utah:
29	Section 1. Section 26-21-26 is enacted to read:
30	26-21-26. Health care facility charges Collection procedures Financial
31	assistance policies.
32	(1) As used in this section:
33	(a) "EMTALA" has the same meaning as defined in Section 26-21-25.
34	(b) "Health care facility" does not include a home health agency, a hospice, a nursing
35	care facility, or a residential-assisted living facility.
36	(2) As a condition of licensure under this chapter, including licensure renewal, a health
37	care facility shall demonstrate to the department that it:
38	(a) has adopted and implemented written policies that specify:
39	(i) the methods used by the facility to calculate individual procedure charges and other
40	charges;
41	(ii) any discounts provided for prompt payment of a bill;
42	(iii) the procedures used by the facility for collecting amounts owing on unpaid bills;
43	and
44	(iv) if the facility provides financial assistance to patients, including free care or
45	discounted care:
46	(A) criteria for financial assistance eligibility; and
47	(B) limits, if any, on the total charges and the percentage of individual procedure
48	charges billed to a patient eligible for financial assistance;
49	(b) has published the policies under Subsection (2)(a) on the Internet for use by the
50	general public; and
51	(c) informs each patient at the time the patient is admitted to the facility:
52	(i) that the financial assistance policies under Subsection (2)(a) are available on the
53	Internet; and
54	(ii) of any obligation the facility may have under EMTALA to provide care to the
55	patient without regard for the patient's source of payment or ability to pay.
56	Section 2. Section 26-21-27 is enacted to read:
57	<u>26-21-27.</u> Procedure prices and payment.
58	(1) As used in this section:

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59	(a) "Health care facility" does not include a home health agency, a hospice, a nursing
60	care facility, or a residential-assisted living facility.
61	(b) "Medicaid program" is as defined in Section 26-18-2.
62	(c) "Medicare" is as defined in Section 31A-22-620.
63	(2) (a) Before September 1, 2010, the department shall publish, by rule, a list of the
64	procedures for which health care facilities in the state, as a whole, most frequently bill patients.
65	(b) The list shall include those procedures represented by at least 25%, but not more
66	than 50%, of total procedure billings.
67	(3) Beginning January 1, 2011, for each procedure in the list published under
68	Subsection (2), a health care facility shall publish the amount the facility:
69	(a) charges to perform the procedure;
70	(b) is paid for the procedure by the Medicaid program; and
71	(c) is paid for the procedure by Medicare.
72	(4) (a) The department shall annually update the list of procedures under Subsection
73	<u>(2).</u>
74	(b) Each health care facility shall regularly update the information it publishes under
75	Subsection (3) in accordance with rules adopted by the department.

Legislative Review Note as of 2-18-10 4:57 PM

Office of Legislative Research and General Counsel

S.B. 257 - Health Care Facility Disclosure Requirements

Fiscal Note

2010 General Session

State of Utah

State Impact

Enactment of this bill will not require additional appropriations.

Individual, Business and/or Local Impact

Enactment of this bill likely will not result in direct, measurable costs and/or benefits for individuals, businesses, or local governments.

2/24/2010, 8:05:02 AM, Lead Analyst: Frandsen, R./Attny: CJD

Office of the Legislative Fiscal Analyst