

H.B. 294

HEALTH SYSTEM REFORM AMENDMENTS

HOUSE FLOOR AMENDMENTS

AMENDMENT 6

FEBRUARY 11, 2010 5:39 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, Line 137:*

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

58-5a-307, Utah Code Annotated 1953

3. *Page 5, Line 141:*

141 58-69-806, Utah Code Annotated 1953

58-73-603, Utah Code Annotated 1953

4. *Page 49, Lines 1508 through 1510b*

House Committee Amendments

2-8-2010:

1508 benefit plan; ~~{and}~~ =

(c) one health benefit plan that is a federally qualified high deductible health plan that has an individual deductible of \$2,500 and a deductible of \$5,000 for coverage including two or more individuals, and has an out of pocket maximum equal to the level of the deductible;

1509 ~~{(c)}~~ (d) 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 **; and**

(e) the insurer's five most commonly selected health benefit plans that:

(i) include:

(A) the provider panel;

(B) the deductible;

(C) co-payments;
(D) co-insurance; and
(E) pharmacy benefits ; and
(ii) have the largest number of enrolled lives in the insurer's own total block of small employer group business in the state . ←H

5. 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.

6. 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.

7. Page 67, Lines 2047 through 2048

House Committee Amendments

2-8-2010:

- 2047 (D) one representative from a small insurer who participates on the exchange; ~~{and}~~
- 2048 (E) one representative from the Insurance Department ; **and**
- (F) one representative from the Department of Health** .