

88 insured's credit score.]

89 ~~[(c) A health care provider satisfies the requirements described in Subsections (4)(a)~~  
 90 ~~and (b) if the health care provider complies with the provisions of 26 C.F.R. Sec. 1.501(r)-6.]~~

91 ~~[(5)]~~ (3) Beginning October 31, 1992, all insurers covering the insured shall notify the  
 92 insured of payment and the amount of payment made to the health care provider.

93 ~~[(6)]~~ (4) A health care provider shall return to an insured any amount the insured  
 94 overpaid, including interest that begins accruing 90 days after the date of the overpayment, if:

95 (a) the insured has multiple insurers with whom the health care provider has contracts  
 96 that cover the insured; and

97 (b) the health care provider becomes aware that the health care provider has received,  
 98 for any reason, payment for a claim in an amount greater than the health care provider's  
 99 contracted rate allows.

100 ~~[(7)]~~ (5) (a) The commissioner shall make rules consistent with this chapter governing  
 101 disclosure to the insured of customary charges by health care providers on the explanation of  
 102 benefits as part of the claims payment process.

103 (b) These rules shall be limited to the form and content of the disclosures on the  
 104 explanation of benefits, and shall include:

105 ~~[(a)]~~ (i) a requirement that the method of determination of any specifically referenced  
 106 customary charges and the range of the customary charges be disclosed; and

107 ~~[(b)]~~ (ii) a prohibition against an implication that the health care provider is charging  
 108 excessively if the health care provider is:

109 ~~[(i)]~~ (A) a participating provider; and

110 ~~[(ii)]~~ (B) prohibited from balance billing.

111 Section 3. Section **31A-26-313** is enacted to read:

112 **31A-26-313. Health care collection actions -- Notification required.**

113 (1) As used in this section:

114 (a) (i) "Collection action" means any action taken to recover funds that are past due or  
 115 accounts that are in default:

116 (A) for health care services; and

117 (B) that ~~§~~→ directly ←~~§~~ results in an adverse report to a credit bureau.

118 (ii) "Collection action" includes using the services of a collection agency to engage in

150 (2) if the health care provider complies with the provisions of 26 C.F.R. Sec. 1.501(r)-6.

151 (5) A health care provider that contracts with a third party to engage in a collection  
152 action is not subject to the requirements described in Subsection (2) if:

153 (a) entering into the contract does not require a report to a credit bureau by either the  
154 health care provider or the third party; and

155 (b) the third party agrees to provide the notice in accordance with Subsection (2) before  
156 the third party may engage in any activity that ~~§~~→ ~~[may result]~~ **directly results** ←~~§~~ in a report to a  
156a credit bureau.

157 (6) If a third party fails to comply with the notice requirements described in this  
158 section, the health care provider that renders the health care service is liable for any penalty  
159 resulting from the noncompliance of the third party.

160 Section 4. Section **58-1-508** is amended to read:

161 **58-1-508. Failure to follow certain health care claims practices -- Penalties.**

162 (1) As used in this section, "health care provider" means an individual who is licensed  
163 to provide health care services under this title.

164 (2) The division may assess a fine of up to \$500 per violation against a health care  
165 provider ~~[who]~~ that violates ~~[Subsection 31A-26-301.5(4)]~~ Section 31A-26-313.

166 (3) The division shall waive the fine described in Subsection (2) if:

167 (a) the health care provider demonstrates to the division that the health care provider  
168 mitigated and reversed any damage to the insured caused by the health care ~~[provider's]~~  
169 provider or third party's violation; or

170 (b) the insured does not pay the full amount due on the bill that is the subject of the  
171 violation, including any interest, fees, costs, and expenses, within 120 days after the day on  
172 which the health care provider or third party makes a report to a credit bureau or ~~[uses the~~  
173 ~~services of a collection agency]~~ takes an action in violation of ~~[Subsection 31A-26-301.5(4)]~~  
174 Section 31A-26-313.

175 Section 5. Section **62A-2-112** is amended to read:

176 **62A-2-112. Violations -- Penalties.**

177 (1) As used in this section, "health care provider" means a person licensed to provide  
178 health care services under this chapter.

179 (2) The office may deny, place conditions on, suspend, or revoke a human services  
180 license, if it finds, related to the human services program: