## 1st Sub. (Buff) H.B. 116

150	(ii) read as follows: "YOU, THE BUYER, MAY CANCEL THIS CONTRACT AT
151	ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY (or time period
152	reflecting the supplier's cancellation policy but not less than three business days) AFTER THE
153	DATE OF THE TRANSACTION OR RECEIPT OF THE PRODUCT, WHICHEVER IS
154	LATER."
155	(b) A supplier is exempt from the requirements of Subsection (2)(m) if the supplier's
156	cancellation policy:
157	(i) is communicated to the buyer; and
158	(ii) offers greater rights to the buyer than Subsection (2)(m).
159	(4) (a) A gift certificate, instrument, or other record that does not print an expiration
160	date in accordance with Subsection (2)(v) does not expire.
161	(b) A gift certificate, instrument, or other record that does not include printed
162	information concerning a fee to be charged and deducted from the balance of the gift
163	certificate, instrument, or other record is not subject to the charging and deduction of the fee.
164	(c) Subsections (2)(v) and (4)(b) do not apply to a gift certificate, instrument, or other
165	record useable at multiple, unaffiliated sellers of goods or services if an expiration date is
166	printed on the gift certificate, instrument, or other record.
167	Section 2. Section 13-59-202 is enacted to read:
168	<b><u>13-59-202.</u></b> Consumer medical billing safe harbor.
169	(1) As used in this section:
170	(a) "Billing period" means the period between the day of completion and the day that is
171	$\hat{H} \rightarrow [\underline{90}] \underline{120} \leftarrow \hat{H} \underline{days after the day of completion.}$
172	(b) "Day of completion" means:
173	(i) the day a patient's service or procedure is completed; or
174	(ii) the anticipated day a service or procedure would have been completed if:
175	(A) upon completion of the service or procedure, the service or procedure would
176	normally be billed as global or bundled health care; and
177	(B) the service or procedure was not completed.
178	(c) "Insured patient" means a patient for whom a responsible party has provided proof
179	of coverage under a health benefit plan.
180	(d) "Patient" means an individual receiving the service or procedure.

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