HB1284_L.001

HOUSE COMMITTEE OF REFERENCE AMENDMENT

Committee on Health & Insurance.

HB22-1284 be amended as follows:

Amend printed bill, page 3, lines 12 and 13, strike "(12)(b) introductory portion, (12)(b)(IV), (12)(b)(V)," and substitute (12)(b),".

Page 3, line 14, strike "(12)(b)(VI),".

Page 8, strike lines 20 through 27.

Page 9, strike lines 1 through 9 and substitute "under this subsection 12. ~~which rules must specify, at a minimum, the following:~~

~~(I) The timing for providing the disclosures for emergency and nonemergency services with consideration given to potential limitations relating to the federal "Emergency Medical Treatment and Labor Act", 42 U.S.C. sec. 1395dd;~~

~~(II) Requirements regarding how the disclosures must be made, including requirements to include the disclosures on billing statements, billing notices, prior authorizations, or other forms or communications with covered persons;~~

~~(III) The contents of the disclosures, including the covered person's rights and payment obligations if the covered person's health benefit plan is under the jurisdiction of the division;~~

~~(IV) Disclosure requirements specific to carriers, including the possibility of being treated by an out-of-network provider, whether a provider is out of network, the types of services an out-of-network provider may provide, and the right to request an in-network provider to provide services; and~~

~~(V) Requirements concerning the language to be used in the disclosures, including use of plain language, to ensure that carriers, health-care facilities, and providers use language that is consistent with the disclosures required by this subsection (12) and sections 12-30-112 and 25-3-121 and the rules adopted pursuant to this subsection (12)(b) and sections 12-30-112 (3) and 25-3-121 (2).~~".

Page 18, lines 21 and 22, strike "and (3) introductory portion;" and substitute "and (3);".

Page 20, strike lines 26 and 27.

Page 21, strike lines 1 through 3 and substitute "~~are consistent with sections 10-16-704 (12) and 25-3-121 and rules adopted by the commissioner pursuant to section 10-16-704 (12)(b) and by the state board of health pursuant to section 25-3-121 (2). The rules must specify,~~

~~at a minimum, the following:~~

~~(a) The timing for providing the disclosures for emergency and nonemergency services with consideration given to potential limitations relating to the federal "Emergency Medical Treatment and Labor Act", 42 U.S.C. sec. 1395dd;~~

~~(b) Requirements regarding how the disclosures must be made, including requirements to include the disclosures on billing statements, billing notices, or other forms or communications with consumers;~~

~~(c) The contents of the disclosures, including the consumer's rights and payment obligations pursuant to the consumer's health benefit plan;~~

~~(d) Disclosure requirements specific to health-care providers, including whether a health-care provider is out of network, the types of services an out-of-network health-care provider may provide, and the right to request an in-network health-care provider to provide services; and~~

~~(e) Requirements concerning the language to be used in the disclosures, including use of plain language, to ensure that carriers, health-care facilities, and health-care providers use language that is consistent with the disclosures required by this section and sections 10-16-704 (12) and 25-3-121 and the rules adopted pursuant to this subsection (3) and sections 10-16-704 (12)(b) and 25-3-121 (2)~~ THIS SECTION AND THE FEDERAL "NO SURPRISES ACT".".

Page 23, lines 8 and 9, strike "(2) introductory portion," and substitute (2),".

Page 23, strike lines 21 through 26 and substitute "~~are consistent with sections 10-16-704 (12) and 12-30-112 and rules adopted by the commissioner pursuant to section 10-16-704 (12)(b) and by the director of the division of professions and occupations pursuant to section 12-30-112 (3). The rules must specify, at a minimum, the following:~~

~~(a) The timing for providing the disclosures for emergency and nonemergency services with consideration given to potential limitations relating to the federal "Emergency Medical Treatment and Labor Act", 42 U.S.C. sec. 1395dd;~~

~~(b) Requirements regarding how the disclosures must be made, including requirements to include the disclosures on billing statements, billing notices, or other forms or communications with covered persons;~~

~~(c) The contents of the disclosures, including the consumer's rights and payment obligations pursuant to the consumer's health benefit plan;~~

~~(d) Disclosure requirements specific to health-care facilities,~~

~~including whether a health-care provider delivering services at the facility is out of network, the types of services an out-of-network health-care provider may provide, and the right to request an in-network health-care provider to provide services; and~~

~~(e) Requirements concerning the language to be used in the disclosures, including use of plain language, to ensure that carriers, health-care facilities, and health-care providers use language that is consistent with the disclosures required by this section and sections 10-16-704 (12) and 12-30-112 and the rules adopted pursuant to this subsection (2) and sections 10-16-704 (12)(b) and 12-30-112 (3)~~ SECTION AND THE FEDERAL "NO SURPRISES ACT".".

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