

HOUSE COMMITTEE OF REFERENCE AMENDMENT

Committee on Health & Insurance.

HB22-1284 be amended as follows:

- 1 Amend printed bill, page 3, lines 12 and 13, strike "(12)(b) introductory
2 portion, (12)(b)(IV), (12)(b)(V)," and substitute (12)(b),".
- 3 Page 3, line 14, strike "(12)(b)(VI),".
- 4 Page 8, strike lines 20 through 27.
- 5 Page 9, strike lines 1 through 9 and substitute "under this subsection 12.
6 ~~which rules must specify, at a minimum, the following:~~
- 7 ~~(I) The timing for providing the disclosures for emergency and~~
8 ~~nonemergency services with consideration given to potential limitations~~
9 ~~relating to the federal "Emergency Medical Treatment and Labor Act", 42~~
10 ~~U.S.C. sec. 1395dd;~~
11 ~~(II) Requirements regarding how the disclosures must be made,~~
12 ~~including requirements to include the disclosures on billing statements,~~
13 ~~billing notices, prior authorizations, or other forms or communications~~
14 ~~with covered persons;~~
15 ~~(III) The contents of the disclosures, including the covered~~
16 ~~person's rights and payment obligations if the covered person's health~~
17 ~~benefit plan is under the jurisdiction of the division;~~
18 ~~(IV) Disclosure requirements specific to carriers, including the~~
19 ~~possibility of being treated by an out-of-network provider, whether a~~
20 ~~provider is out of network, the types of services an out-of-network~~
21 ~~provider may provide, and the right to request an in-network provider to~~
22 ~~provide services; and~~
23 ~~(V) Requirements concerning the language to be used in the~~
24 ~~disclosures, including use of plain language, to ensure that carriers,~~
25 ~~health-care facilities, and providers use language that is consistent with~~
26 ~~the disclosures required by this subsection (12) and sections 12-30-112~~
27 ~~and 25-3-121 and the rules adopted pursuant to this subsection (12)(b)~~
28 ~~and sections 12-30-112 (3) and 25-3-121 (2)."~~
- 29 Page 18, lines 21 and 22, strike "and (3) introductory portion;" and
30 substitute "and (3);".
- 31 Page 20, strike lines 26 and 27.
- 32 Page 21, strike lines 1 through 3 and substitute "~~are consistent with~~
33 ~~sections 10-16-704 (12) and 25-3-121 and rules adopted by the~~
34 ~~commissioner pursuant to section 10-16-704 (12)(b) and by the state~~
35 ~~board of health pursuant to section 25-3-121 (2). The rules must specify,~~

1 at a minimum, the following:

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

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

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

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

17 (e) ~~Requirements concerning the language to be used in the~~
18 ~~disclosures, including use of plain language, to ensure that carriers,~~
19 ~~health-care facilities, and health-care providers use language that is~~
20 ~~consistent with the disclosures required by this section and sections~~
21 ~~10-16-704 (12) and 25-3-121 and the rules adopted pursuant to this~~
22 ~~subsection (3) and sections 10-16-704 (12)(b) and 25-3-121 (2) THIS~~
23 ~~SECTION AND THE FEDERAL "NO SURPRISES ACT".~~

24 Page 23, lines 8 and 9, strike "(2) introductory portion," and substitute
25 (2),".

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

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

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

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

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

1 including whether a health-care provider delivering services at the facility
2 is out of network, the types of services an out-of-network health-care
3 provider may provide, and the right to request an in-network health-care
4 provider to provide services; and
5 (e) ~~Requirements concerning the language to be used in the~~
6 ~~disclosures, including use of plain language, to ensure that carriers,~~
7 ~~health-care facilities, and health-care providers use language that is~~
8 ~~consistent with the disclosures required by this section and sections~~
9 ~~10-16-704 (12) and 12-30-112 and the rules adopted pursuant to this~~
10 ~~subsection (2) and sections 10-16-704 (12)(b) and 12-30-112 (3) SECTION~~
11 ~~AND THE FEDERAL "NO SURPRISES ACT".~~

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