

HOUSE CS FOR CS FOR SENATE BILL NO. 105(FIN) am H

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTIETH LEGISLATURE - SECOND SESSION

BY THE HOUSE FINANCE COMMITTEE

Amended: 5/12/18

Offered: 4/23/18

Sponsor(s): SENATOR WILSON

REPRESENTATIVES Spohnholz, Drummond

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to the licensure of marital and family therapists; providing for a state**
2 **policy relating to children; relating to medical assistance for marital and family therapy**
3 **services; relating to disclosure of health care services and price information; relating to**
4 **health care insurers; and providing for an effective date."**

5 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

6 * **Section 1.** AS 08.63.100(a) is amended to read:

7 (a) The board shall issue a license to practice marital and family therapy to a
8 person who

9 (1) applies on a form provided by the board;

10 (2) pays the fee established under AS 08.01.065;

11 (3) furnishes evidence satisfactory to the board that the person

12 (A) has not engaged in conduct that is a ground for imposing
13 disciplinary sanctions under AS 08.63.210;

14 (B) holds a master's degree or doctorate in marital and family

1 therapy or allied mental health field from a regionally accredited educational
 2 institution approved by the board for which the person completed a course of
 3 study that included instruction substantially equivalent to the following:

4 (i) three courses or nine semester or 12 quarter hours of
 5 course work in marital and family therapy;

6 (ii) three courses or nine semester or 12 quarter hours of
 7 course work in marital and family studies;

8 (iii) three courses or nine semester or 12 quarter hours
 9 of course work in human development;

10 (iv) one course or three semester or four quarter hours
 11 of course work in professional studies or professional ethics and law;

12 (v) one course or three semester or four quarter hours of
 13 course work in research; and

14 (vi) one year of supervised clinical practice in marital
 15 and family therapy;

16 (C) after receiving a degree described in (B) of this paragraph,

17 has

18 [(i)] practiced **supervised** marital and family therapy,
 19 including **1,700** [1,500] hours of [DIRECT] clinical contact with
 20 couples, individuals, and families; **the 1,700 hours of** [AND

21 (ii) BEEN SUPERVISED IN THE] clinical contact
 22 **must include** [FOR] at least [200 HOURS, INCLUDING] 100 hours
 23 of individual supervision and 100 hours of group supervision approved
 24 by the board; **the 100 hours of individual supervision and 100 hours**
 25 **of group supervision may be conducted by one or more**
 26 **supervisors;**

27 (D) has received training related to domestic violence; and

28 (E) has passed a written or oral examination administered by

29 the board.

30 * **Sec. 2.** AS 08.63.120(b) is amended to read:

31 (b) A person who supervises a licensee under this section **during**

(1) individual supervision must

(A) [(1)] have practiced marital and family therapy for five years;

(B) [(2)] be licensed under this chapter; and

(C) [(3)] meet the minimum standards established by the board for approved supervisors; **or**

(2) group supervision must be licensed to practice as

(A) a professional counselor under AS 08.29;

(B) a marital and family therapist under AS 08.63;

(C) a physician under AS 08.64 who is a psychiatrist;

(D) an advanced practice registered nurse under AS 08.68 who is certified to provide psychiatric or mental health services by an entity recognized by the Board of Nursing;

(E) a psychologist under AS 08.86; or

(F) a clinical social worker under AS 08.95.

* **Sec. 3.** AS 18.15.360(a) is amended to read:

(a) The department is authorized to collect, analyze, and maintain databases of information related to

(1) risk factors identified for conditions of public health importance;

(2) morbidity and mortality rates for conditions of public health importance;

(3) community indicators relevant to conditions of public health importance;

(4) longitudinal data on traumatic or acquired brain injury from the registry established under AS 47.80.500(c)(1); [AND]

(5) **health care services and price information collected under AS 18.23.400; and**

(6) any other data needed to accomplish or further the mission or goals of public health or provide essential public health services and functions.

* **Sec. 4.** AS 18.23 is amended by adding a new section to read:

Article 4. Health Care Services and Price Information.

1 **Sec. 18.23.400. Disclosure and reporting of health care services, price, and**
 2 **fee information.** (a) A health care provider shall annually compile a list, including a
 3 brief description in plain language that an individual with no medical training can
 4 understand, of the 10 health care services most commonly performed by the health
 5 care provider in the state in the previous calendar year from each of the six sections of
 6 Category I, Current Procedural Terminology, adopted by the American Medical
 7 Association and, for each of those services, state

8 (1) the procedure code;

9 (2) the undiscounted price; and

10 (3) any facility fees.

11 (b) A health care facility in the state shall annually compile a list, including a
 12 brief description in plain language that an individual with no medical training can
 13 understand, of the 10 health care services most commonly performed at the health care
 14 facility in the previous calendar year from each of the six sections of Category I,
 15 Current Procedural Terminology, adopted by the American Medical Association and,
 16 for each of those services, state

17 (1) the procedure code;

18 (2) the undiscounted price; and

19 (3) any facility fees.

20 (c) If, in the annual reporting period under this section, fewer than the number
 21 of health care services described under (a) or (b) of this section are performed by a
 22 health care provider or at a health care facility in the state, the provider or facility shall
 23 include in the list required under this section all of the health care services performed
 24 by the provider or at the facility from each of the six sections described under (a) or
 25 (b) of this section.

26 (d) A health care provider who provides health care services at a health care
 27 facility in a group practice is not required to compile and publish a list under (a) and
 28 (e) of this section if

29 (1) the health care facility where the provider is in a group practice
 30 compiles and publishes a list in compliance with (b) and (e) of this section; and

31 (2) the prices and fees that the provider charges are reflected in the list

1 compiled and published by the health care facility.

2 (e) A health care provider and health care facility shall publish the lists
3 compiled under (a) and (b) of this section by January 31 each year

4 (1) by providing the list to the department for entry in the department's
5 database under AS 18.15.360 along with the name and location of the health care
6 provider or health care facility;

7 (2) by posting a copy of the list

8 (A) in a font not smaller than 20 points;

9 (B) in a conspicuous public reception area at the health care
10 provider's office or health care facility where the services are performed;

11 (C) that includes the address for the department's Internet
12 website;

13 (D) that may include a statement explaining that the
14 undiscounted price may be higher or lower than the amount an individual
15 actually pays for the health care services described in the list;

16 (E) that includes a statement substantially similar to the
17 following: "You will be provided with an estimate of the anticipated charges
18 for your nonemergency care upon request. Please do not hesitate to ask for
19 information."; and

20 (F) that lists any health care insurers with which the health care
21 provider or health care facility has a contract to provide health care services as
22 an in-network preferred provider; and

23 (3) if the health care provider or health care facility has an Internet
24 website, by posting the list on the website.

25 (f) The department shall annually compile the lists provided under (a) and (b)
26 of this section by health care service and, where relevant, health care provider and
27 health care facility name and location, post the information on the department's
28 Internet website, and enter the information in the database maintained under
29 AS 18.15.360.

30 (g) If a patient who is receiving nonemergency health care services requests an
31 estimate from a health care provider, health care facility, or health care insurer of the

1 reasonably anticipated charges for treating the patient's specific condition, the health
2 care provider, health care facility, or health care insurer

3 (1) shall provide a good faith estimate before the nonemergency health
4 care services are provided and not later than 10 business days after receiving the
5 request;

6 (2) shall provide the estimate in whichever of the following formats
7 the patient requests: orally, in writing, or by electronic means; if the estimate is
8 provided orally, the health care provider, health care facility, or health care insurer
9 shall keep a record of the estimate;

10 (3) is not required to disclose the charges for the total anticipated
11 course of treatment for the patient, but if the estimate does not include charges for the
12 total anticipated course of treatment, the estimate must include a statement explaining
13 that the estimate only includes charges for a portion of the total anticipated course of
14 treatment; and

15 (4) may provide an estimate that includes a reasonable range of
16 charges for anticipated health care services if the charges for the services will vary
17 significantly in response to conditions that the health care provider, health care
18 facility, or health care insurer cannot reasonably assess before the services are
19 provided.

20 (h) A good faith estimate provided by a health care provider or health care
21 facility under (g) of this section must include

22 (1) a brief description in plain language that an individual with no
23 medical training can understand of the health care services, products, procedures, and
24 supplies that are included in the estimate;

25 (2) a notice disclosing the health care provider's or health care facility's
26 in-network or out-of-network status that is substantially similar to one of the following
27 forms:

28 (A) "(Name of health care provider or health care facility) is a
29 contracted, in-network preferred provider for ONLY the following plan
30 networks: (list each network or state 'NONE. YOU MAY INCUR OUT-OF-
31 NETWORK CHARGES.');" ;

1 (B) "(Name of health care provider or health care facility) is a
2 contracted, in-network preferred provider for your insurance plan."; or

3 (C) "(Name of health care provider or health care facility) is
4 NOT a contracted, in-network preferred provider for your insurance plan.
5 YOU MAY INCUR OUT-OF-NETWORK CHARGES.";

6 (3) the procedure code for each health care service included in the
7 estimate;

8 (4) any facility fees, along with an explanation of the facility fees; and

9 (5) the identity, or suspected identity, of any other person that may
10 charge the patient for a service, product, procedure, or supply in connection with the
11 health care services included in the estimate, along with an explanation of whether the
12 charges are included in the estimate.

13 (i) A health care provider or health care facility that provides a good faith
14 estimate to a patient under (g) and (h) of this section or a health care insurer that
15 provides a good faith estimate to a patient under (g) of this section is not liable for
16 damages or other relief if the estimate differs from the amount actually charged to the
17 patient.

18 (j) The requirement for a health care facility to provide a good faith estimate
19 of reasonably anticipated charges for nonemergency health care services under
20 (e)(2)(E), (g), and (h) of this section does not apply to a health care facility that is an
21 emergency department.

22 (k) A health care provider or a health care facility that fails to comply with the
23 requirements of (a) - (e), (g), or (h) of this section or a health care insurer that fails to
24 comply with the requirements of (g) of this section is liable for a civil penalty not to
25 exceed \$10,000 for each violation. The department may impose a penalty,

26 (1) for failure to comply with (a) - (e) of this section, of not more than
27 \$100 for each day of noncompliance after March 31; or

28 (2) for failure to provide a good faith estimate under (g) or (h) of this
29 section, of not more than \$100 for each day of noncompliance.

30 (l) A health care provider, health care facility, or health care insurer penalized
31 under (k) of this section is entitled to a hearing conducted by the office of

1 administrative hearings under AS 44.64.

2 (m) A municipality may not enact or enforce an ordinance that is inconsistent
3 with or imposes health care price or fee disclosure requirements in addition to the
4 requirements under this section or regulations adopted under this section.

5 (n) In this section,

6 (1) "department" means the Department of Health and Social Services;

7 (2) "facility fee" means a charge or fee billed by a health care provider
8 or health care facility that is in addition to fees billed for a health care provider's
9 professional services and is intended to cover building, electronic medical records
10 system, billing, and other administrative and operational expenses;

11 (3) "health care facility" means a private, municipal, or state hospital,
12 psychiatric hospital, emergency department, independent diagnostic testing facility,
13 residential psychiatric treatment center as defined in AS 47.32.900, kidney disease
14 treatment center (including freestanding hemodialysis units), the offices of private
15 physicians or dentists whether in individual or group practice, ambulatory surgical
16 center as defined in AS 47.32.900, free-standing birth center as defined in
17 AS 47.32.900, and rural health clinic as defined in AS 47.32.900; "health care facility"
18 does not include

19 (A) the Alaska Pioneers' Home and the Alaska Veterans' Home
20 administered by the department under AS 47.55;

21 (B) an assisted living home as defined in AS 47.33.990;

22 (C) a nursing facility licensed by the department to provide
23 long-term care;

24 (D) a facility operated by an Alaska tribal health organization;
25 and

26 (E) a hospital operated by the United States Department of
27 Veterans Affairs or the United States Department of Defense, or any other
28 federally operated hospital or institution;

29 (4) "health care insurer" has the meaning given in AS 21.54.500;

30 (5) "health care provider" means an individual licensed, certified, or
31 otherwise authorized or permitted by law to provide health care services in the

1 ordinary course of business or practice of a profession;

2 (6) "health care service" means a service or procedure provided in
3 person or remotely by telemedicine or other means by a health care provider or at a
4 health care facility for the purpose of or incidental to the care, prevention, or treatment
5 of a physical or mental illness or injury;

6 (7) "nonemergency health care service" means a health care service
7 other than a health care service that is immediately necessary to prevent the death or
8 serious impairment of the health of the patient;

9 (8) "patient" means an individual to whom health care services are
10 provided in the state by a health care provider or at a health care facility;

11 (9) "third party" means a public or private entity, association, or
12 organization that provides, by contract, agreement, or other arrangement, insurance,
13 payment, price discount, or other benefit for all or a portion of the cost of health care
14 services provided to a recipient; "third party" does not include a member of the
15 recipient's immediate family;

16 (10) "undiscounted price" means an amount billed for a service
17 rendered without complications or exceptional circumstances; "undiscounted price"
18 does not include a negotiated discount for an in-network or out-of-network service
19 rendered or the cost paid by a third party for that service.

20 * **Sec. 5.** AS 21.96 is amended by adding a new section to read:

21 **Sec. 21.96.200. Good faith estimate.** Upon request of a covered person who is
22 receiving nonemergency health care services, a health care insurer shall provide a
23 good faith estimate of the amount of the reasonably anticipated charges for treating the
24 patient's specific condition under AS 18.23.400(g).

25 * **Sec. 6.** AS 47.05.060 is amended to read:

26 **Sec. 47.05.060. Purpose and policy relating to children.** The purpose of this
27 title as it relates to children is to secure for each child the care and guidance,
28 preferably in the child's own home, that will serve the moral, emotional, mental, and
29 physical welfare of the child and the best interests of the community; to preserve and
30 strengthen the child's family ties unless efforts to preserve and strengthen the ties are
31 likely to result in physical or emotional damage to the child, removing the child from

1 the custody of the parents only as a last resort when the child's welfare or safety or the
 2 protection of the public cannot be adequately safeguarded without removal; and, when
 3 the child is removed from the family, to secure for the child adequate custody and care
 4 and adequate planning for permanent placement of the child. **It is the policy of the**
 5 **state to acknowledge and take into account the principles of early childhood and**
 6 **youth brain development and, whenever possible, consider the concepts of early**
 7 **adversity, toxic stress, childhood trauma, and the promotion of resilience through**
 8 **protective relationships, supports, self-regulation, and services.**

9 * **Sec. 7.** AS 47.07.030(b) is amended to read:

10 (b) In addition to the mandatory services specified in (a) of this section and the
 11 services provided under (d) of this section, the department may offer only the
 12 following optional services: case management services for traumatic or acquired brain
 13 injury; case management and nutrition services for pregnant women; personal care
 14 services in a recipient's home; emergency hospital services; long-term care
 15 noninstitutional services; medical supplies and equipment; advanced practice
 16 registered nurse services; clinic services; rehabilitative services for children eligible
 17 for services under AS 47.07.063, substance abusers, and emotionally disturbed or
 18 chronically mentally ill adults; targeted case management services; inpatient
 19 psychiatric facility services for individuals 65 years of age or older and individuals
 20 under 21 years of age; psychologists' services; clinical social workers' services;
 21 **marital and family therapy services**; midwife services; prescribed drugs; physical
 22 therapy; occupational therapy; chiropractic services; low-dose mammography
 23 screening, as defined in AS 21.42.375(e); hospice care; treatment of speech, hearing,
 24 and language disorders; adult dental services; prosthetic devices and eyeglasses;
 25 optometrists' services; intermediate care facility services, including intermediate care
 26 facility services for persons with intellectual and developmental disabilities; skilled
 27 nursing facility services for individuals under 21 years of age; and reasonable
 28 transportation to and from the point of medical care.

29 * **Sec. 8.** The uncodified law of the State of Alaska is amended by adding a new section to
 30 read:

31 TRANSITION: REGULATIONS. The Department of Health and Social Services and

1 the Board of Marital and Family Therapy may adopt regulations necessary to implement the
2 changes made by this Act. The regulations take effect under AS 44.62 (Administrative
3 Procedure Act), but not before the effective date of the law implemented by the regulation.

4 * **Sec. 9.** The uncodified law of the State of Alaska is amended by adding a new section to
5 read:

6 REPORT TO LEGISLATURE. (a) The Department of Health and Social Services
7 shall prepare a report that describes the effectiveness and cost-effectiveness of the coverage of
8 marital and family therapy services as provided in AS 47.07.030(b), as amended by sec. 7 of
9 this Act. The report must include the distribution of services provided by billing code and the
10 diversion from more expensive alternatives.

11 (b) On or before November 30, 2021, the Department of Health and Social Services
12 shall deliver the report under (a) of this section to the senate secretary and the chief clerk of
13 the house of representatives and notify the legislature that the report is available.

14 * **Sec. 10.** Section 8 of this Act takes effect immediately under AS 01.10.070(c).

15 * **Sec. 11.** Except as provided in sec. 10 of this Act, this Act takes effect January 1, 2019.