

PROPOSED AMENDMENT
SENATE AMENDMENTS TO S.C.R. 1002
(Reference to printed resolution)

1 Page 1, line 17, after "availability;" insert "direct payment; notice;"

2 Line 19, after "DOCUMENT" insert "OR ONLINE"

3 Line 20, after the first "SERVICES" insert ", IF APPLICABLE,"

4 Line 23, after "DOCUMENT" insert "OR ONLINE POSTING"

5 Line 25, after the period insert "HEALTH CARE PROVIDERS WHO ARE OWNERS OR
6 EMPLOYEES OF A LEGAL ENTITY WITH FEWER THAN THREE LICENSED HEALTH CARE
7 PROVIDERS ARE EXEMPT FROM THE REQUIREMENTS OF THIS SUBSECTION."

8 Between lines 25 and 26, insert:

9 "B. SUBSECTION A OF THIS SECTION DOES NOT PREVENT A HEALTH CARE
10 PROVIDER FROM OFFERING EITHER ADDITIONAL DISCOUNTS OR ADDITIONAL LAWFUL
11 HEALTH CARE SERVICES FOR AN ADDITIONAL COST TO A PERSON OR AN EMPLOYER PAYING
12 DIRECTLY."

13 Reletter to conform

14 Line 32, after the period insert "A GOVERNMENT AGENCY OR DEPARTMENT OR
15 GOVERNMENT-AUTHORIZED OR GOVERNMENT-CREATED ENTITY MAY NOT APPROVE,
16 DISAPPROVE OR LIMIT A HEALTH CARE PROVIDER'S ABILITY TO CHANGE THE PUBLISHED
17 OR POSTED DIRECT PAY PRICE FOR SERVICES."

18 Strike lines 33 through 39, insert:

19 "D. A HEALTH CARE SYSTEM MAY NOT PUNISH A PERSON OR EMPLOYER FOR
20 PAYING DIRECTLY FOR LAWFUL HEALTH CARE SERVICES OR A HEALTH CARE PROVIDER FOR
21 ACCEPTING DIRECT PAYMENT FROM A PERSON OR EMPLOYER FOR LAWFUL HEALTH CARE
22 SERVICES.

23 E. A HEALTH CARE PROVIDER WHO ACCEPTS DIRECT PAYMENT FROM A PERSON OR
24 EMPLOYER FOR A LAWFUL HEALTH CARE SERVICE IS DEEMED PAID IN FULL AND SHALL
25 NOT SUBMIT A CLAIM FOR PAYMENT OR REIMBURSEMENT FOR THE SERVICE TO ANY HEALTH
26 CARE SYSTEM. THIS SUBSECTION DOES NOT PREVENT A HEALTH CARE PROVIDER FROM
27 PURSUING A HEALTH CARE LIEN PURSUANT TO TITLE 33. THIS SUBSECTION DOES NOT
28 AFFECT THE ABILITY OF A HEALTH CARE PROVIDER TO SUBMIT CLAIMS FOR THE SAME

1 SERVICE PROVIDED ON OTHER OCCASIONS TO THE SAME OR A DIFFERENT PERSON IF NO
2 DIRECT PAYMENT OCCURS.

3 F. BEFORE A HEALTH CARE PROVIDER WHO IS CONTRACTED AS A NETWORK
4 PROVIDER FOR A HEALTH CARE SYSTEM ACCEPTS DIRECT PAYMENT FROM A PERSON OR AN
5 EMPLOYER, THE HEALTH CARE PROVIDER SHALL OBTAIN THE PERSON'S OR EMPLOYER'S
6 SIGNATURE ON A NOTICE IN A FORM THAT IS SUBSTANTIALLY SIMILAR TO THE
7 FOLLOWING:

8 IMPORTANT NOTICE ABOUT DIRECT PAYMENT
9 FOR YOUR HEALTH CARE SERVICES

10 THE ARIZONA CONSTITUTION PERMITS YOU TO PAY A HEALTH CARE
11 PROVIDER DIRECTLY FOR HEALTH CARE SERVICES. BEFORE YOU MAKE ANY
12 AGREEMENT TO DO SO, PLEASE READ THE FOLLOWING IMPORTANT
13 INFORMATION:

14 IF YOU ARE A MEMBER OF A HEALTH CARE SYSTEM (MORE COMMONLY
15 REFERRED TO AS A HEALTH INSURANCE PLAN) AND YOUR HEALTH CARE
16 PROVIDER IS CONTRACTED WITH THE HEALTH INSURANCE PLAN, THEN THE
17 FOLLOWING APPLY:

18 1. YOU MAY NOT BE REQUIRED TO PAY THE HEALTH CARE PROVIDER
19 DIRECTLY FOR THE SERVICES COVERED BY YOUR PLAN, EXCEPT FOR COST
20 SHARE AMOUNTS THAT YOU ARE OBLIGATED TO PAY UNDER YOUR PLAN, SUCH
21 AS COPAYMENTS, COINSURANCE AND DEDUCTIBLE AMOUNTS.

22 2. YOUR PROVIDER'S AGREEMENT WITH THE HEALTH INSURANCE
23 PLAN MAY PREVENT THE HEALTH CARE PROVIDER FROM BILLING YOU FOR
24 THE DIFFERENCE BETWEEN THE PROVIDER'S BILLED CHARGES AND THE
25 AMOUNT ALLOWED BY YOUR HEALTH INSURANCE PLAN FOR COVERED
26 SERVICES.

27 3. IF YOU PAY DIRECTLY FOR A HEALTH CARE SERVICE, YOUR
28 HEALTH CARE PROVIDER WILL NOT BE RESPONSIBLE FOR SUBMITTING CLAIM
29 DOCUMENTATION TO YOUR HEALTH INSURANCE PLAN FOR THAT CLAIM.
30 BEFORE PAYING YOUR CLAIM, YOUR HEALTH INSURANCE PLAN MAY REQUIRE
31 YOU TO PROVIDE INFORMATION AND SUBMIT DOCUMENTATION NECESSARY TO
32 DETERMINE WHETHER THE SERVICES ARE COVERED UNDER YOUR PLAN.

33 4. IF YOU DO NOT PAY DIRECTLY FOR A HEALTH CARE SERVICE,
34 YOUR HEALTH CARE PROVIDER MAY BE RESPONSIBLE FOR SUBMITTING CLAIM
35 DOCUMENTATION TO YOUR HEALTH INSURANCE PLAN FOR THE HEALTH CARE
36 SERVICE.

1 YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU RECEIVED THIS
2 NOTICE BEFORE PAYING DIRECTLY FOR A HEALTH CARE SERVICE.

3 G. A HEALTH CARE PROVIDER WHO ACCEPTS DIRECT PAYMENT FOR A LAWFUL
4 HEALTH CARE SERVICE AND WHO COMPLIES WITH SUBSECTION F OF THIS SECTION IS NOT
5 RESPONSIBLE FOR SUBMITTING DOCUMENTATION OF ANY KIND FOR PURPOSES OF
6 REIMBURSEMENT TO ANY HEALTH CARE SYSTEM FOR THAT CLAIM IF THE FAILURE TO
7 SUBMIT SUCH DOCUMENTATION DOES NOT CONFLICT WITH THE TERMS OF ANY FEDERAL OR
8 STATE CONTRACTS TO WHICH THE HEALTH CARE SYSTEM IS A PARTY AND THE HEALTH
9 CARE PROVIDER HAS AGREED TO SERVE PATIENTS UNDER OR WITH APPLICABLE STATE OR
10 FEDERAL PROGRAMS IN WHICH A HEALTH CARE PROVIDER AND HEALTH CARE SYSTEM
11 PARTICIPATE.

12 H. THIS SECTION DOES NOT IMPAIR THE PROVISIONS OF A HEALTH CARE
13 SYSTEM'S PRIVATE HEALTH CARE NETWORK PROVIDER CONTRACT, EXCEPT THAT A HEALTH
14 CARE PROVIDER MAY DECLINE TO BILL THE HEALTH CARE SYSTEM DIRECTLY FOR
15 SERVICES PAID DIRECTLY BY A PERSON OR EMPLOYER IF THE HEALTH CARE PROVIDER
16 HAS COMPLIED WITH SUBSECTION F OF THIS SECTION AND THE HEALTH CARE PROVIDER'S
17 RECEIPT OF DIRECT PAYMENT AND THE DECLINATION TO BILL THE HEALTH CARE SYSTEM
18 DO NOT CONFLICT WITH THE TERMS OF ANY FEDERAL OR STATE CONTRACT TO WHICH THE
19 HEALTH CARE SYSTEM IS A PARTY AND THE HEALTH CARE PROVIDER HAS AGREED TO
20 SERVE PATIENTS UNDER OR WITH APPLICABLE STATE OR FEDERAL PROGRAMS IN WHICH A
21 HEALTH CARE PROVIDER AND HEALTH CARE SYSTEM PARTICIPATE."

22 Reletter to conform

23 Page 1, line 42, after "CHARGED" insert "BY A HEALTH CARE PROVIDER"

24 Line 43, strike "PATIENT" insert "PERSON"; after "IF" insert "THE ENTIRE FEE
25 FOR"

26 Line 44, strike "WITHOUT A PUBLIC OR PRIVATE"

27 Page 2, strike lines 1 and 2, insert "BY THE PERSON, INCLUDING THE PERSON'S HEALTH
28 SAVINGS ACCOUNT, OR BY THE PERSON'S EMPLOYER."

29 Line 4, after the fourth comma insert "15.1,"; strike "OR" insert a comma; after
30 "17" insert ", 18, 19, 19.1, 25, 33 OR 34"

31 Between lines 4 and 5, insert:

32 "3. "HEALTH CARE SYSTEM" MEANS A PUBLIC OR PRIVATE ENTITY WHOSE
33 FUNCTION OR PURPOSE IS THE MANAGEMENT, PROCESSING OR ENROLLMENT OF
34 INDIVIDUALS OR THE PAYMENT, IN FULL OR IN PART, OF HEALTH CARE SERVICES.

35 4. "LAWFUL HEALTH CARE SERVICES" MEANS ANY HEALTH-RELATED SERVICE OR
36 TREATMENT, TO THE EXTENT THAT THE SERVICE OR TREATMENT IS PERMITTED OR NOT

1 PROHIBITED BY LAW OR REGULATION, THAT MAY BE PROVIDED BY PERSONS OR
2 BUSINESSES OTHERWISE PERMITTED TO OFFER THE SERVICES OR TREATMENTS."

3 Renumber to conform

4 Page 2, line 5, after "IMPOSE" strike remainder of line

5 Strike lines 6 and 7, insert "ANY PENALTY, SURCHARGE OR NAMED FEE WITH A SIMILAR
6 EFFECT THAT IS USED TO DISCOURAGE THE EXERCISE OF RIGHTS UNDER THIS SECTION."

7 Line 11, after "availability;" insert "direct payment; notice;"

8 Line 13, after "DOCUMENT" insert "OR ONLINE"

9 Line 16, after the period insert "THE SERVICES MAY BE IDENTIFIED BY A COMMON
10 PROCEDURAL TERMINOLOGY CODE OR BY A PLAIN-ENGLISH DESCRIPTION."

11 Line 17, after "DOCUMENT" insert "OR ONLINE POSTING"

12 Between lines 20 and 21, insert:

13 "B. SUBSECTION A OF THIS SECTION DOES NOT PREVENT A HEALTH CARE
14 FACILITY FROM OFFERING EITHER ADDITIONAL DISCOUNTS OR ADDITIONAL LAWFUL
15 HEALTH CARE SERVICES FOR AN ADDITIONAL COST TO A PERSON OR AN EMPLOYER PAYING
16 DIRECTLY."

17 Reletter to conform

18 Line 27, after the period insert "A GOVERNMENT AGENCY OR DEPARTMENT OR
19 GOVERNMENT-AUTHORIZED OR GOVERNMENT-CREATED ENTITY MAY NOT APPROVE,
20 DISAPPROVE OR LIMIT A HEALTH CARE FACILITY'S ABILITY TO CHANGE THE PUBLISHED
21 OR POSTED DIRECT PAY PRICE FOR SERVICES."

22 Strike lines 28 through 34, insert:

23 "D. A HEALTH CARE SYSTEM MAY NOT PUNISH A PERSON OR EMPLOYER FOR
24 PAYING DIRECTLY FOR LAWFUL HEALTH CARE SERVICES OR A HEALTH CARE PROVIDER FOR
25 ACCEPTING DIRECT PAYMENT FROM A PERSON OR EMPLOYER FOR LAWFUL HEALTH CARE
26 SERVICES.

27 E. A HEALTH CARE FACILITY THAT ACCEPTS DIRECT PAYMENT FROM A PERSON OR
28 EMPLOYER FOR A LAWFUL HEALTH CARE SERVICE IS DEEMED PAID IN FULL AND SHALL
29 NOT SUBMIT A CLAIM FOR PAYMENT OR REIMBURSEMENT FOR THE SERVICE TO ANY HEALTH
30 CARE SYSTEM. THIS SUBSECTION DOES NOT PREVENT A HEALTH CARE FACILITY FROM
31 PURSUING A HEALTH CARE LIEN PURSUANT TO TITLE 33. THIS SUBSECTION DOES NOT
32 AFFECT THE ABILITY OF A HEALTH CARE FACILITY TO SUBMIT CLAIMS FOR THE SAME
33 SERVICE PROVIDED ON OTHER OCCASIONS TO THE SAME OR A DIFFERENT PERSON IF NO
34 DIRECT PAYMENT OCCURS.

35 F. BEFORE A HEALTH CARE FACILITY THAT IS CONTRACTED AS A NETWORK
36 PROVIDER FOR A HEALTH CARE SYSTEM ACCEPTS DIRECT PAYMENT FROM A PERSON OR AN
37 EMPLOYER, THE HEALTH CARE FACILITY SHALL OBTAIN THE PERSON'S OR EMPLOYER'S

1 SIGNATURE ON A NOTICE IN A FORM THAT IS SUBSTANTIALLY SIMILAR TO THE
2 FOLLOWING:

3 IMPORTANT NOTICE ABOUT DIRECT PAYMENT
4 FOR YOUR HEALTH CARE SERVICES

5 THE ARIZONA CONSTITUTION PERMITS YOU TO PAY A HEALTH CARE
6 PROVIDER DIRECTLY FOR HEALTH CARE SERVICES. BEFORE YOU MAKE ANY
7 AGREEMENT TO DO SO, PLEASE READ THE FOLLOWING IMPORTANT
8 INFORMATION:

9 IF YOU ARE A MEMBER OF A HEALTH CARE SYSTEM (MORE COMMONLY
10 REFERRED TO AS A HEALTH INSURANCE PLAN) AND YOUR HEALTH CARE
11 PROVIDER IS CONTRACTED WITH THE HEALTH INSURANCE PLAN, THE
12 FOLLOWING APPLY:

13 1. YOU MAY NOT BE REQUIRED TO PAY THE HEALTH CARE FACILITY
14 DIRECTLY FOR THE SERVICES COVERED BY YOUR PLAN, EXCEPT FOR COST
15 SHARE AMOUNTS THAT YOU ARE OBLIGATED TO PAY UNDER YOUR PLAN, SUCH
16 AS COPAYMENTS, COINSURANCE AND DEDUCTIBLE AMOUNTS.

17 2. YOUR PROVIDER'S AGREEMENT WITH THE HEALTH INSURANCE
18 PLAN MAY PREVENT THE HEALTH CARE FACILITY FROM BILLING YOU FOR
19 THE DIFFERENCE BETWEEN THE FACILITY'S BILLED CHARGES AND THE
20 AMOUNT ALLOWED BY YOUR HEALTH INSURANCE PLAN FOR COVERED
21 SERVICES.

22 3. IF YOU PAY DIRECTLY FOR A HEALTH CARE SERVICE, YOUR
23 HEALTH CARE FACILITY WILL NOT BE RESPONSIBLE FOR SUBMITTING CLAIM
24 DOCUMENTATION TO YOUR HEALTH INSURANCE PLAN FOR THAT CLAIM.
25 BEFORE PAYING YOUR CLAIM, YOUR HEALTH INSURANCE PLAN MAY REQUIRE
26 YOU TO PROVIDE INFORMATION AND SUBMIT DOCUMENTATION NECESSARY TO
27 DETERMINE WHETHER THE SERVICES ARE COVERED UNDER YOUR PLAN.

28 4. IF YOU DO NOT PAY DIRECTLY FOR A HEALTH CARE SERVICE,
29 YOUR HEALTH CARE FACILITY MAY BE RESPONSIBLE FOR SUBMITTING CLAIM
30 DOCUMENTATION TO YOUR HEALTH INSURANCE PLAN FOR THE HEALTH CARE
31 SERVICE.

32 YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU RECEIVED THIS
33 NOTICE BEFORE PAYING DIRECTLY FOR A HEALTH CARE SERVICE.

34 G. A HEALTH CARE FACILITY THAT ACCEPTS DIRECT PAYMENT FOR A LAWFUL
35 HEALTH CARE SERVICE AND THAT COMPLIES WITH SUBSECTION F OF THIS SECTION IS
36 NOT RESPONSIBLE FOR SUBMITTING DOCUMENTATION OF ANY KIND FOR PURPOSES OF
37 REIMBURSEMENT TO ANY HEALTH CARE SYSTEM FOR THAT CLAIM IF THE FAILURE TO

1 SUBMIT SUCH DOCUMENTATION DOES NOT CONFLICT WITH THE TERMS OF ANY FEDERAL OR
2 STATE CONTRACTS TO WHICH THE HEALTH CARE SYSTEM IS A PARTY AND THE HEALTH
3 CARE FACILITY HAS AGREED TO SERVE PATIENTS UNDER OR WITH APPLICABLE STATE OR
4 FEDERAL PROGRAMS IN WHICH A HEALTH CARE FACILITY AND HEALTH CARE SYSTEM
5 PARTICIPATE.

6 H. THIS SECTION DOES NOT IMPAIR THE PROVISIONS OF A HEALTH CARE
7 SYSTEM'S PRIVATE HEALTH CARE NETWORK PROVIDER CONTRACT, EXCEPT THAT A HEALTH
8 CARE FACILITY MAY DECLINE TO BILL THE HEALTH CARE SYSTEM DIRECTLY FOR
9 SERVICES PAID DIRECTLY BY A PERSON OR EMPLOYER IF THE HEALTH CARE FACILITY
10 HAS COMPLIED WITH SUBSECTION F OF THIS SECTION AND THE HEALTH CARE FACILITY'S
11 RECEIPT OF DIRECT PAYMENT AND THE DECLINATION TO BILL THE HEALTH CARE SYSTEM
12 DO NOT CONFLICT WITH THE TERMS OF ANY FEDERAL OR STATE CONTRACT TO WHICH THE
13 HEALTH CARE SYSTEM IS A PARTY AND THE HEALTH CARE FACILITY HAS AGREED TO
14 SERVE PATIENTS UNDER OR WITH APPLICABLE STATE OR FEDERAL PROGRAMS IN WHICH A
15 HEALTH CARE FACILITY AND HEALTH CARE SYSTEM PARTICIPATE."

16 Reletter to conform

17 Page 2, line 37, after "CHARGED" insert "BY A HEALTH CARE FACILITY"

18 Line 38, strike "PATIENT" insert "PERSON"; after "IF" insert "THE ENTIRE FEE
19 FOR"

20 Line 39, strike "WITHOUT A PUBLIC OR PRIVATE"

21 Strike lines 40 and 41, insert "BY THE PERSON, INCLUDING THE PERSON'S HEALTH
22 SAVINGS ACCOUNT, OR BY THE PERSON'S EMPLOYER."

23 After line 44, insert:

24 "3. "HEALTH CARE SYSTEM" MEANS A PUBLIC OR PRIVATE ENTITY WHOSE
25 FUNCTION OR PURPOSE IS THE MANAGEMENT, PROCESSING OR ENROLLMENT OF
26 INDIVIDUALS OR THE PAYMENT, IN FULL OR IN PART, OF HEALTH CARE SERVICES.

27 4. "LAWFUL HEALTH CARE SERVICES" MEANS ANY HEALTH-RELATED SERVICE OR
28 TREATMENT, TO THE EXTENT THAT THE SERVICE OR TREATMENT IS PERMITTED OR NOT
29 PROHIBITED BY LAW OR REGULATION, THAT MAY BE PROVIDED BY PERSONS OR
30 BUSINESSES OTHERWISE PERMITTED TO OFFER THE SERVICES OR TREATMENTS."

31 Renumber to conform

32 Page 3, line 1, after "IMPOSE" strike remainder of line

33 Strike lines 2 and 3, insert "ANY PENALTY, SURCHARGE OR NAMED FEE WITH A SIMILAR
34 EFFECT THAT IS USED TO DISCOURAGE THE EXERCISE OF RIGHTS UNDER THIS SECTION."

1 Page 3, between lines 7 and 8, insert:

2 "Sec. 4. Severability

3 If any provision or clause of sections 32-3216 and 36-437, Arizona
4 Revised Statutes, as added by this act, or the application of these sections
5 to any person or circumstance is held invalid, the invalidity does not affect
6 other provisions or applications of sections 32-3216 and 36-437, Arizona
7 Revised Statutes, as added by this act, that can be given effect without the
8 invalid provision or application, and to this end the provisions of this act
9 are severable."

10 Amend title to conform

NANCY BARTO

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02/19/2013
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C: mjh