

## LAWS OF ALASKA 2018

Source HCS CSSB 105(FIN) am H

Chapter I	۷o.
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## **AN ACT**

Relating to the licensure of marital and family therapists; providing for a state policy relating to children; relating to medical assistance for marital and family therapy services; relating to disclosure of health care services and price information; relating to health care insurers; and providing for an effective date.

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

THE ACT FOLLOWS ON PAGE 1

## AN ACT

disclosure of health care services and price information; relating to health care insurers; and providing for an effective date.  *Section 1. AS 08.63.100(a) is amended to read:  (a) The board shall issue a license to practice marital and family therapy to a person who  (1) applies on a form provided by the board;  (2) pays the fee established under AS 08.01.065;  (3) furnishes evidence satisfactory to the board that the person  (A) has not engaged in conduct that is a ground for imposing disciplinary sanctions under AS 08.63.210;	1	Relating to the licensure of marital and family therapists; providing for a state policy relating
providing for an effective date.  * Section 1. AS 08.63.100(a) is amended to read:  (a) The board shall issue a license to practice marital and family therapy to a person who  (1) applies on a form provided by the board;  (2) pays the fee established under AS 08.01.065;  (3) furnishes evidence satisfactory to the board that the person  (A) has not engaged in conduct that is a ground for imposing disciplinary sanctions under AS 08.63.210;	2	to children; relating to medical assistance for marital and family therapy services; relating to
* Section 1. AS 08.63.100(a) is amended to read:  (a) The board shall issue a license to practice marital and family therapy to a person who  (1) applies on a form provided by the board;  (2) pays the fee established under AS 08.01.065;  (3) furnishes evidence satisfactory to the board that the person  (A) has not engaged in conduct that is a ground for imposing disciplinary sanctions under AS 08.63.210;	3	disclosure of health care services and price information; relating to health care insurers; and
* Section 1. AS 08.63.100(a) is amended to read:  (a) The board shall issue a license to practice marital and family therapy to a person who  (1) applies on a form provided by the board;  (2) pays the fee established under AS 08.01.065;  (3) furnishes evidence satisfactory to the board that the person  (A) has not engaged in conduct that is a ground for imposing disciplinary sanctions under AS 08.63.210;	4	providing for an effective date.
(a) The board shall issue a license to practice marital and family therapy to a person who  (1) applies on a form provided by the board;  (2) pays the fee established under AS 08.01.065;  (3) furnishes evidence satisfactory to the board that the person  (A) has not engaged in conduct that is a ground for imposing disciplinary sanctions under AS 08.63.210;	5	
person who  (1) applies on a form provided by the board;  (2) pays the fee established under AS 08.01.065;  (3) furnishes evidence satisfactory to the board that the person  (A) has not engaged in conduct that is a ground for imposing disciplinary sanctions under AS 08.63.210;	6	* <b>Section 1.</b> AS 08.63.100(a) is amended to read:
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 disciplinary sanctions under AS 08.63.210;	7	(a) The board shall issue a license to practice marital and family therapy to a
(2) pays the fee established under AS 08.01.065; (3) furnishes evidence satisfactory to the board that the person (A) has not engaged in conduct that is a ground for imposing disciplinary sanctions under AS 08.63.210;	8	person who
(3) furnishes evidence satisfactory to the board that the person  (A) has not engaged in conduct that is a ground for imposing disciplinary sanctions under AS 08.63.210;	9	(1) applies on a form provided by the board;
(A) has not engaged in conduct that is a ground for imposing disciplinary sanctions under AS 08.63.210;	10	(2) pays the fee established under AS 08.01.065;
disciplinary sanctions under AS 08.63.210;	11	(3) furnishes evidence satisfactory to the board that the person
1 5	12	(A) has not engaged in conduct that is a ground for imposing
(B) holds a master's degree or doctorate in marital and family	13	disciplinary sanctions under AS 08.63.210;
( )	14	(B) holds a master's degree or doctorate in marital and family

1	therapy or ailied 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 <u>supervised</u> 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 <b>during</b>

l	(1) individual supervision must
2	(A) [(1)] have practiced marital and family therapy for five
3	years;
4	(B) [(2)] be licensed under this chapter; and
5	(C) [(3)] meet the minimum standards established by the board
6	for approved supervisors; or
7	(2) group supervision must be licensed to practice as
8	(A) a professional counselor under AS 08.29;
9	(B) a marital and family therapist under this chapter;
10	(C) a physician under AS 08.64 who is a psychiatrist;
11	(D) an advanced practice registered nurse under AS 08.68
12	who is certified to provide psychiatric or mental health services by an
13	entity recognized by the Board of Nursing;
14	(E) a psychologist under AS 08.86; or
15	(F) a clinical social worker under AS 08.95.
16	* Sec. 3. AS 18.15.360(a) is amended to read:
17	(a) The department is authorized to collect, analyze, and maintain databases of
18	information related to
19	(1) risk factors identified for conditions of public health importance;
20	(2) morbidity and mortality rates for conditions of public health
21	importance;
22	(3) community indicators relevant to conditions of public health
23	importance;
24	(4) longitudinal data on traumatic or acquired brain injury from the
25	registry established under AS 47.80.500(c)(1); [AND]
26	(5) <u>health care services and price information collected under</u>
27	AS 18.23.400; and
28	(6) any other data needed to accomplish or further the mission or goals
29	of public health or provide essential public health services and functions.
30	* Sec. 4. AS 18.23 is amended by adding a new section to read:
31	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	(1) 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), office of a private
15	physician or dentist 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

ordinary course of business or practice of a profession:

- (6) "health care service" means a service or procedure provided in person or remotely by telemedicine or other means by a health care provider or at a health care facility for the purpose of or incidental to the care, prevention, or treatment of a physical or mental illness or injury;
- (7) "nonemergency health care service" means a health care service other than a health care service that is immediately necessary to prevent the death or serious impairment of the health of the patient;
- (8) "patient" means an individual to whom health care services are provided in the state by a health care provider or at a health care facility;
- (9) "third party" means a public or private entity, association, or organization that provides, by contract, agreement, or other arrangement, insurance, payment, price discount, or other benefit for all or a portion of the cost of health care services provided to a recipient; "third party" does not include a member of the recipient's immediate family;
- (10) "undiscounted price" means an amount billed for a service rendered without complications or exceptional circumstances; "undiscounted price" does not include a negotiated discount for an in-network or out-of-network service rendered or the cost paid by a third party for that service.
- \* Sec. 5. AS 21.96 is amended by adding a new section to read:
  - **Sec. 21.96.200. Good faith estimate.** Upon request of a covered person who is receiving nonemergency health care services, a health care insurer shall provide a good faith estimate of the amount of the reasonably anticipated charges for treating the patient's specific condition under AS 18.23.400(g).
- \* **Sec. 6.** AS 47.05.060 is amended to read:

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

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

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

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

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

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

- 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.
- \* Sec. 9. The uncodified law of the State of Alaska is amended by adding a new section to read:
  - REPORT TO LEGISLATURE. (a) The Department of Health and Social Services shall prepare a report that describes the effectiveness and cost-effectiveness of the coverage of marital and family therapy services as provided in AS 47.07.030(b), as amended by sec. 7 of this Act. The report must include the distribution of services provided by billing code and the diversion from more expensive alternatives.
    - (b) On or before November 30, 2021, the Department of Health and Social Services shall deliver the report under (a) of this section to the senate secretary and the chief clerk of the house of representatives and notify the legislature that the report is available.
- \* Sec. 10. Section 8 of this Act takes effect immediately under AS 01.10.070(c).

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