HOUSE BILL No. 1335

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-21-5.5.

Synopsis: Health care costs. Requires a hospital or ambulatory outpatient surgical center to provide each patient, patient's guardian, or patient's health care representative with a good faith estimate (estimate) of all charges and fees associated with certain medical procedures and services. Requires an estimate to be provided to a patient upon: (1) the patient's discharge from the hospital or ambulatory outpatient surgical center; or (2) the conclusion of a medical examination or procedure. Specifies that an estimate is not a legally binding contract or estimate concerning the: (1) allowable; (2) total; or (3) final; cost for a medical examination, procedure, or other service. Requires a revised estimate to be provided not later than 30 days after the date specified on an original estimate. Prohibits a hospital or ambulatory outpatient surgical center from charging a fee for the service of providing an estimate to a patient. Provides that a contract or contract provision may not prohibit a hospital or ambulatory outpatient surgical center from providing an estimate to a patient when required. Defines certain terms.

Effective: July 1, 2020.

Morris

January 14, 2020, read first time and referred to Committee on Public Health.



2020

Second Regular Session of the 121st General Assembly (2020)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2019 Regular Session of the General Assembly.

HOUSE BILL No. 1335

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

1	SECTION 1. IC 16-21-5.5 IS ADDED TO THE INDIANA CODE
2	AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
3	JULY 1, 2020]:
4	Chapter 5.5. Good Faith Estimate of Billing
5	Sec. 1. As used in this chapter, "covered individual" means an
6	individual who is entitled to be provided health care services
7	according to a health carrier's network plan.
8	Sec. 2. (a) As used in this chapter, "health carrier" means an
9	entity:
10	(1) that is subject to IC 27 and the administrative rules
11	adopted under IC 27;
12	(2) that enters into a contract to:
13	(A) provide;
14	(B) deliver;
15	(C) arrange for; or
16	(D) pay for or reimburse any of the costs of;
17	health care services.



1	(b) The Assessing leader the College of
1	(b) The term includes the following:
2	(1) An insurer, as defined in IC 27-1-2-3, that issues a policy
3 4	of accident and sickness insurance, as defined in
	IC 27-8-5-1(a).
5	(2) A health maintenance organization, as defined by
6	IC 27-13-1-19.
7	(3) An administrator (as defined in IC 27-1-25-1(a)) that is
8	licensed under IC 27-1-25.
9	(4) Any other entity that provides a plan of health insurance,
10	health benefits, or health care services.
11	Sec. 3. A hospital or ambulatory outpatient surgical center shall
12	provide a patient or the patient's guardian, and the patient's health
13	care representative, if applicable, with a good faith estimate of the
14	fees and charges described in section 4 of this chapter at time the
15	patient is discharged from the hospital or ambulatory outpatient
16	surgical center.
17	Sec. 4. A hospital or ambulatory outpatient surgical center shall
18	provide a patient or the patient's guardian, and the patient's health
19	care representative, if applicable, with a good faith estimate of the
20	following fees and costs for each medical examination, procedure
21 22	or other medical service provided to a patient:
	(1) If the patient is a covered individual:
23 24	(A) the total reimbursement amount the hospital or
24 25	ambulatory outpatient surgical center has agreed to accept
	from the patient's health carrier for each medical
26 27	examination, procedure, device, or other medical service
28	provided to the patient; and (P) if the patient's health corrier does not provide complete
20 29	(B) if the patient's health carrier does not provide complete reimbursement to the hospital or ambulatory outpatient
29 30	surgical center, the patient's estimated out-of-pocket
31	expense.
32	(2) If the patient is not a covered individual, the total
33	reimbursement amount for each medical examination
34	procedure, or other medical service provided to the patient.
35	(3) Any other fee or charge that may assessed in addition to
36	the costs specified in subdivision (1) or (2).
37	Sec. 5. A good faith estimate provided to a patient or the
38	patient's guardian, and the patient's health care representative, if
39	applicable, under section 3 of this chapter is not a legally binding
10	contract or estimate for the nurnose of determining the



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(1) allowable;

(2) total; or

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1	(3) final;
2	cost for any medical examination, procedure, or other medical
3	service provided to a patient.
4	Sec 6 If additional:

(1) costs; or

3 of this chapter.

- (2) negotiations with a health carrier; are needed in order to provide a patient or the patient's guardian, and the patient's health care representative, if applicable, with a complete good faith estimate described under section 3 of this chapter, the hospital or ambulatory outpatient surgical center shall provide a patient or the patient's guardian, and the patient's health care representative, if applicable, with a revised good faith estimate not later than thirty (30) days after the date specified on the original good faith estimate previously provided under section
- Sec. 7. A hospital or ambulatory outpatient surgical provider may not charge a fee for the service of providing a good faith estimate required under this section 3 of this chapter to a patient or the patient's guardian, and the patient's health care representative, if applicable.
- Sec. 8. Notwithstanding any other law or provision, no contract or contract provision between a hospital or ambulatory outpatient surgical center and a health carrier may prohibit a hospital or ambulatory surgical center from providing a patient or a patient's guardian, and the patient's health care representative, if applicable, with the good faith estimate described in section 3 of this chapter.

