SENATE BILL No. 3

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-21-2-17; IC 25-1-9-23.

Synopsis: Health care provider billing. Prohibits billing a patient who receives services: (1) from an out of network provider; and (2) at specified facilities that are in network; for amounts that exceed the cost paid by the patient’s insurance plus any deductibles, copays, and coinsurance amounts. Requires certain health care providers to provide, at least five days before a health care service or procedure is provided, a good faith estimate to the patient for the cost of care.

Effective: July 1, 2020.

Charbonneau, Garten

January 6, 2020, read first time and referred to Committee on Health and Provider Services.
SENATE BILL No. 3

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

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

SECTION 1. IC 16-21-2-17 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 17. (a) A patient who receives services from an out of network provider at a hospital, an ambulatory outpatient surgical center, or a birthing center that is an in network provider of the patient’s health plan described in subdivision (1)(A) through (1)(C) may not be billed at a rate that exceeds:

(1) an in network payment made under:
   (A) a policy of accident and sickness insurance (as defined in IC 27-8-5-1);
   (B) an individual contract (as defined in IC 27-13-1-21); or
   (C) a group contract (as defined in IC 27-13-1-16);
   for covered services rendered at the hospital or ambulatory outpatient surgical center to the patient; and

(2) any copayment, deductible, or coinsurance amounts applicable under the policy or contract.

(b) A hospital, an ambulatory outpatient surgical center, or a
birthing center shall, at the request of a patient or the patient's
guardian or health care representative, provide a good faith
estimate of the cost of care, including the patient's share of the cost,
at least five (5) days before the services or procedure are to be
provided. The estimate must include the cost of any:
(1) expected facility, professional, and imaging services; and
(2) drugs or medical devices associated with the service or
procedure.

SECTION 2. IC 25-1-9-23 IS ADDED TO THE INDIANA CODE
AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
1, 2020]: Sec. 23. (a) This section applies to a practitioner that is
providing services to a patient:
(1) for whom the practitioner is not in the patient's health
plan network; and
(2) at a facility that is in the network of the patient's health
plan.
(b) As used in this section, "health plan" means:
(1) a policy of accident and sickness insurance (as defined in
IC 27-8-5-1);
(2) an individual contract (as defined in IC 27-13-1-21); or
(3) a group contract (as defined in IC 27-13-1-16);
(c) A practitioner shall not bill a patient for any amount that
exceeds:
(1) the payment made under the health plan for covered
services rendered by the practitioner to the patient; and
(2) any copayment, deductible, or coinsurance amounts
applicable under the policy or contract.
(d) A practitioner shall, at the request of a patient or the
patient's guardian or health care representative, provide a good
faith estimate of the cost of care, including the patient's share of
the cost, at least five (5) days before the services or procedure are
to be provided. The estimate must include the cost of any:
(1) expected facility, professional, and imaging services; and
(2) drugs or medical devices associated with the service or
procedure.