

HOUSE BILL No. 1230

DIGEST OF INTRODUCED BILL

Citations Affected: IC 16-21-2-17.

Synopsis: Health care provider billing requirements. Requires a hospital or ambulatory outpatient surgical center to provide a patient written notice before a service may be provided if the provider who is to provide the service is out of the patient's health plan network. Requires the patient to acknowledge receipt of the notice and either agree or decline to receive the service from an out of network provider. Specifies options if the patient declines to receive the services from an out of network provider. Includes transportation services as an included service for purposes of the notice and excludes emergency services.

Effective: July 1, 2020.

Baird

January 13, 2020, read first time and referred to Committee on Public Health.



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.

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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 16-21-2-17 IS ADDED TO THE INDIANA CODE
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 2020]: **Sec. 17. (a) Notice required under this section:**
4 (1) **applies to transportation services that originate at an in**
5 **network facility for transportation to another facility; and**
6 **(2) does not apply to emergency services.**
7 **(b) As used in this section, "health plan" means:**
8 **(1) a policy of accident and sickness insurance (as defined in**
9 **IC 27-8-5-1);**
10 **(2) an individual contract (as defined in IC 27-13-1-21); or**
11 **(3) a group contract (as defined in IC 27-13-1-16);**
12 **(c) Before a patient may receive services from an out of network**
13 **provider at a hospital or an ambulatory outpatient surgical center**
14 **that is an in network provider of a patient's health plan for covered**
15 **services rendered at the hospital or ambulatory outpatient surgical**
16 **center to the patient, the hospital or ambulatory outpatient**
17 **surgical center shall provide the patient, the patient's guardian, or**



1 the patient's health care representative with written notice that the
2 specific service will be provided by an out of network provider.
3 (d) The patient, the patient's guardian, or the patient's health
4 care representative shall acknowledge receipt of the specified
5 notice described in subsection (c) and either:
6 (1) agree to receive the services from the out of network
7 provider; or
8 (2) decline to receive the services from the out of network
9 provider.
10 (e) If the patient, the patient's guardian, or the patient's health
11 care representative declines to have an out of network provider
12 perform the services, the hospital or ambulatory outpatient
13 surgical center shall either:
14 (1) make a good faith effort to locate an in network provider
15 that can provide the service; or
16 (2) ensure that the patient is not charged more than what
17 would have been charged by an in network provider for the
18 service.

