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IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 495

BY HEALTH AND WELFARE COMMITTEE

1	AN ACI
2	RELATING TO THE HEALTH CARE BILLING EQUITY ACT; AMENDING TITLE 41, IDAHO
3	CODE, BY THE ADDITION OF A NEW CHAPTER 65, TITLE 41, IDAHO CODE, TO
4	PROVIDE A SHORT TITLE, TO PROVIDE LEGISLATIVE INTENT, TO DEFINE TERMS,
5	TO ESTABLISH PROVISIONS REGARDING EMERGENCY SERVICES AND TO ESTABLISH
6	PROVISIONS REGARDING NONEMERGENCY HEALTH CARE SERVICES.

- Be It Enacted by the Legislature of the State of Idaho:
- SECTION 1. That Title 41, Idaho Code, be, and the same is hereby amended by the addition thereto of a <u>NEW CHAPTER</u>, to be known and designated as Chapter 65, Title 41, Idaho Code, and to read as follows:

11 CHAPTER 65 12 HEALTH CARE BILLING EOUITY ACT

- 41-6501. SHORT TITLE. This chapter shall be known and may be cited as the "Health Care Billing Equity Act."
- 41-6502. LEGISLATIVE INTENT. In enacting this chapter, it is the intent of the legislature to protect Idaho residents from unexpected balance billing for health care services performed by out-of-network providers at in-network health care facilities.
 - 41-6503. DEFINITIONS. As used in this chapter:
 - (1) "Balance billing" means the billing to a covered person by a health care provider of more than the coinsurance, copayment or deductible amounts owed by the covered person for covered benefits.
 - (2) "Covered benefits," "covered person," "facility," "health benefit plan," "health care provider" or "provider," "health care services" and "health carrier" shall have the same meanings as provided in section 41-5903, Idaho Code.
 - (3) "Emergency services" shall have the same meaning as provided in section 41-3903, Idaho Code.
 - (4) "In-network" means having a contract with a health carrier regarding pricing of and payment for health care services received by a covered person under a given health benefit plan.
 - (5) "Nonemergency health care services" means health care services that do not qualify as emergency services.
 - (6) "Out-of-network" means lacking a contract described in subsection(4) of this section.
 - 41-6504. EMERGENCY SERVICES -- PROHIBITION -- RATE OF REIMBURSE-MENT. (1) All out-of-network providers of emergency services provided to a covered person in an in-network facility under that person's health benefit

plan are prohibited from balance billing the covered person for emergency services.

- (2) A covered person's health benefit plan shall reimburse an out-of-network provider for emergency services provided to the covered person at an in-network facility under that person's health benefit plan at the greater of the following rates for covered benefits:
 - (a) Eighty-five percent (85%) of the reimbursement rate for the nearest in-network provider licensed to provide the services under the covered person's health benefit plan; or
 - (b) One hundred forty-five percent (145%) of the medicare payment rate for the same services in the area where the services were provided.
- 41-6505. NONEMERGENCY CARE -- PROHIBITION -- EXCEPTION. An out-of-network health care provider shall not balance bill a covered person for nonemergency health care services performed at an in-network facility under the covered person's health benefit plan, provided that the provisions of this section do not apply to nonemergency health care services provided to a covered person who agrees to receive the services from an out-of-network provider in an in-network facility under a covered person's health benefit plan if:
- (1) The covered person signed an agreement in writing with the provider on a date prior to the date of admission to the facility for health care services; and
- (2) Such agreement states in a font at least twice as large as the next-largest font in the agreement that:
 - (a) The provider is out-of-network for the covered person;
 - (b) The covered person bears the risk that the covered person's health benefit plan reimbursement rate for the services may be less than expected; and
 - (c) The covered person agrees to be personally responsible for up to the full amount of the provider's bill less actual payment, if any, by the covered person's health benefit plan.