

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 501, As Amended

BY BUSINESS COMMITTEE

AN ACT

RELATING TO MEDICAL LIENS; AMENDING SECTION 45-702, IDAHO CODE, TO REVISE PROVISIONS REGARDING THE FILING OF CERTAIN HOSPITAL LIENS; AMENDING SECTION 45-704A, IDAHO CODE, TO REVISE PROVISIONS REGARDING CERTAIN LIENS FOR NURSING CARE; AMENDING SECTION 45-704B, IDAHO CODE, TO REVISE PROVISIONS REGARDING CERTAIN LIENS FOR MEDICAL CARE; AMENDING SECTION 48-303, IDAHO CODE, TO PROVIDE FOR THE APPLICATION OF THE IDAHO PATIENT ACT TO CERTAIN LIENS AND TO MAKE TECHNICAL CORRECTIONS; PROVIDING APPLICABILITY; AND DECLARING AN EMERGENCY.

Be It Enacted by the Legislature of the State of Idaho:

SECTION 1. That Section 45-702, Idaho Code, be, and the same is hereby amended to read as follows:

45-702. PERFECTING LIEN -- STATEMENT OF CLAIM -- CONTENTS -- FILING. (1) In order to perfect such lien, an officer or agent of such hospital, before, or within ninety (90) days after, such person shall have been discharged therefrom, shall file in the office of the recorder of the county in which such hospital ~~shall be~~ is located a verified statement in writing setting forth the name and address of such patient, as it ~~shall appear~~ appears on the records of such hospital, the name and location of such hospital, and the name and address of the officer or agent of such hospital filing the lien, the dates of admission to the hospital and discharge of such patient therefrom, the amount claimed to be due for such hospital care, and, to the best of claimant's knowledge, the names and addresses of all persons, firms, or corporations claimed by such injured person or the legal representative of such person, to be liable for damages arising from such injuries, such. The claimant shall also, within one (1) day after the filing of such claim or lien, mail a copy thereof, postage prepaid, to each person, firm, or corporation ~~se~~ claimed to be liable for such damages, at the address ~~se~~ given in such statement.

(2) (a) In the case of a patient who has no third-party payor, as defined in section 48-303, Idaho Code, a lien authorized by this chapter must be filed before or within ninety (90) days after either the date the patient was discharged from the hospital or the last day services were provided to the patient as a result of the injury, whichever is later.

(b) In the case of a patient who has a third-party payor, as defined in section 48-303, Idaho Code, a lien authorized by this chapter may be filed during the ninety (90) day period after either the date the patient was discharged from the hospital or the last day services were provided to the patient as a result of the injury but only after all contracted billing adjustments for the services as ordinarily used with that third-party payor are made, provided that such lien may ad-

1 ditionally be filed during the thirty (30) days after the hospital has
 2 received payment from the third-party payor.

3 (3) The filing of such claim or lien shall be notice thereof to all per-
 4 sons, firms, or corporations liable for such damages, whether or not they are
 5 named in such claim or lien.

6 SECTION 2. That Section 45-704A, Idaho Code, be, and the same is hereby
 7 amended to read as follows:

8 45-704A. LIENS FOR NURSING CARE. Every person licensed under the laws
 9 of the state of Idaho to render nursing care shall be entitled to a lien for
 10 the reasonable charges for nursing care and treatment rendered an injured
 11 person upon any and all causes of action, suits, claims, counterclaims, or
 12 demands accruing to the person to whom such care and treatment was furnished,
 13 or to the legal representatives of such person, on account of injuries giv-
 14 ing rise to such causes of action and ~~which~~ that necessitate such nursing
 15 care and treatment; ~~said~~. Such a lien shall be perfected within the time pre-
 16 scribed and in the form and manner as provided in section 45-702, Idaho Code;
 17 ~~said lien, and shall be recorded and indexed in the manner provided in sec-~~
 18 ~~tion 45-703, Idaho Code; said~~. The lien shall be enforced and/or released in
 19 the manner provided in section 45-704, Idaho Code; and if. If the claimant of
 20 said lien shall prevail in an action to enforce said lien, the court may allow
 21 reasonable attorney's fees and disbursements.

22 SECTION 3. That Section 45-704B, Idaho Code, be, and the same is hereby
 23 amended to read as follows:

24 45-704B. LIENS FOR MEDICAL CARE. Every individual or association
 25 licensed or incorporated under the laws of the state of Idaho to practice
 26 medicine and surgery (hereinafter "physician") shall be entitled to a
 27 lien for the reasonable charges for medical care and treatment rendered an
 28 injured person upon any and all causes of action, suits, claims, counter-
 29 claims, or demands accruing to the person to whom such care and treatment
 30 was furnished, or to the legal representatives of such person, on account of
 31 injuries giving rise to such causes of action and ~~which~~ that necessitate such
 32 medical care and treatment. In order to perfect the lien, the physician or
 33 his agent shall, ~~before or within ninety (90) days after the last date of med-~~
 34 ~~ical services for the injury,~~ file the lien within the time prescribed and in
 35 the same general form and manner as provided in section 45-702, Idaho Code,
 36 in the office of the recorder of the county in which the physician rendered
 37 the services. The lien shall be recorded and indexed in the manner provided
 38 in section 45-703, Idaho Code. The lien shall be enforced ~~and/or~~ released
 39 in the manner provided in section 45-704, Idaho Code. If the claimant of the
 40 lien shall prevail prevails in an action to enforce the lien, the court may
 41 allow reasonable attorney's fees and disbursements.

42 SECTION 4. That Section 48-303, Idaho Code, be, and the same is hereby
 43 amended to read as follows:

44 48-303. DEFINITIONS. For the purposes of this chapter:

1 (1) (a) "Consolidated summary of services" means a written notice that
2 contains, at a minimum, the following:

3 (i) The name and contact information, including telephone num-
4 ber, of the patient;

5 (ii) The name and contact information, including telephone num-
6 ber, of the health care facility that the patient visited to re-
7 ceive goods or services;

8 (iii) The date and duration of the visit to the health care facil-
9 ity by the patient;

10 (iv) A general description of goods and services provided to the
11 patient during the visit to the health care facility, including
12 the name, address, and telephone number of each billing entity
13 whose health care providers provided the services and goods to the
14 patient; and

15 (v) A clear and conspicuous notification at the top of the notice
16 that states: "This is Not a Bill. This is a Summary of Medical Ser-
17 vices You Received. Retain This Summary for Your Records. Please
18 Contact Your Insurance Company and the Health Care Providers
19 Listed on this Summary to Determine the Final Amount You May Be
20 Obligated to Pay."

21 (b) For the purpose of calculating timeline requirements in this chap-
22 ter in the event of multiple notices, a "consolidated summary of ser-
23 vices" means the notice that first supplied the information required by
24 paragraph (a) of this subsection if such information did not change in
25 any subsequent notices.

26 (2) "Contested judgment" means a court judgment sought by one (1) party
27 that is challenged by another party through a filing with the court or by pre-
28 senting evidence or argument at a hearing before the court.

29 (3) (a) "Extraordinary collection action" means any of the following
30 actions done in connection with a patient's debt:

31 (i) Prior to sixty (60) days from the patient's receipt of the
32 final notice before extraordinary collection action, selling,
33 transferring, or assigning any amount of a patient's debt to any
34 third party, or otherwise authorizing any third party to collect
35 the debt in a name other than the name of the health care provider;

36 (ii) Reporting adverse information about the patient to a con-
37 sumer reporting agency; or

38 (iii) ~~Commencing~~ Except as provided in paragraph (c) of this sub-
39 section, commencing any judicial or legal action or filing or
40 recording any document in relation thereto, including but not lim-
41 ited to:

42 1. Placing a lien on a person's property or assets;

43 2. Attaching or seizing a person's bank account or any other
44 personal property;

45 3. Initiating a civil action against any person; or

46 4. Garnishing an individual's wages.

47 (b) "Extraordinary collection action" does not include an action pur-
48 suant to and in compliance with section 28-22-105, Idaho Code.

49 (c) A provider authorized to file a lien to secure payment of the rea-
50 sonable value of services provided to an injured patient pursuant to

1 section 45-701, Idaho Code, is not prevented from filing such a lien by
2 the provisions of this chapter, but must do so pursuant to the timeline
3 and provisions of chapter 7, title 45, Idaho Code.

4 (4) (a) "Final notice before extraordinary collection action" means a
5 written notice that contains, at a minimum, the following:

6 (i) The name and contact information, including telephone num-
7 ber, of the patient;

8 (ii) The name and contact information, including telephone num-
9 ber, of the health care facility where the health care provider
10 provided goods and services to the patient;

11 (iii) A list of the goods and services that the health care
12 provider provided to the patient during the patient's visit to the
13 health care facility, including the initial charges for the goods
14 and services and the date the goods and services were provided, in
15 reasonable detail;

16 (iv) A statement that a full itemized list of goods and services
17 provided to the patient is available upon the patient's request;

18 (v) The name of the third-party payors to which the charges for
19 health care services were submitted by the health care provider;

20 (vi) A detailed description of all reductions, adjustments, off-
21 sets, and third-party payor payments, including payments already
22 received from the patient, that adjust the initial charges for the
23 goods and services provided to the patient during the visit; and

24 (vii) The final amount that the patient is liable to pay after tak-
25 ing into account all applicable reductions, including but not lim-
26 ited to the items identified in subparagraph (vi) of this para-
27 graph.

28 (b) For the purpose of calculating timeline requirements in this chap-
29 ter in the event of multiple notices, the "final notice before extraor-
30 dinary collection action" means the notice that first supplied the in-
31 formation required by paragraph (a) of this subsection if such informa-
32 tion did not change in any subsequent notices.

33 (5) "Health care facility" means any person, entity, or institution op-
34 erating a physical or virtual location that holds itself out to the public
35 as providing health care services through itself, through its employees, or
36 through third-party health care providers. Health care facilities include
37 but are not limited to hospitals and other licensed inpatient centers; ambu-
38 latory surgical or treatment centers; skilled nursing centers; residential
39 treatment centers; urgent care centers; diagnostic, laboratory, and imaging
40 centers; and rehabilitation and other therapeutic health settings, as well
41 as medical transportation providers.

42 (6) "Health care provider" means:

43 (a) A physician or other health care practitioner licensed, accred-
44 ited, or certified to perform health care services consistent with
45 state law, or any agent or third-party representative thereof; or

46 (b) A health care facility or its agent.

47 (7) "Health care services" means services for the diagnosis, preven-
48 tion, treatment, cure, or relief of a health condition, illness, injury, or
49 disease.

1 (8) "Patient" means a person who seeks or receives services from a
2 health care provider. For the purposes of this chapter, "patient" includes a
3 parent if the patient is a minor, a legal guardian if the patient is an adult
4 under guardianship, or any person contractually or otherwise liable for the
5 financial obligations of the person receiving goods or services from the
6 health care provider.

7 (9) "Third-party payor" means a health carrier as defined in section
8 41-5903, Idaho Code, or a self-funded plan as defined in section 41-4002 or
9 41-4102, Idaho Code, and includes multiple third-party payors when applica-
10 ble.

11 (10) "Uncontested judgment" means a court judgment sought by one (1)
12 party that is not contested by another party by filing with the court or by
13 presenting evidence or argument at a hearing before the court.

14 SECTION 5. The provisions of this act shall apply to any services pro-
15 vided to a patient on and after the date of passage and approval of this act.

16 SECTION 6. An emergency existing therefor, which emergency is hereby
17 declared to exist, this act shall be in full force and effect on and after its
18 passage and approval.