



SENATE MOTION

MADAM PRESIDENT:

I move that Engrossed House Bill 1421 be amended to read as follows:

- 1 Page 4, delete lines 39 through 42, begin a new paragraph and
2 insert:
3 "SECTION 3. IC 16-18-2-92.3 IS ADDED TO THE INDIANA
4 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
5 [EFFECTIVE MARCH 1, 2021 (RETROACTIVE)]: **Sec. 92.3. (a)**
6 **"De-identified maximum negotiated charge", for purposes of**
7 **IC 16-21-17 and IC 16-21-24.5, has the meaning set forth in**
8 **IC 16-21-17-0.3(a).**
9 **(b) "De-identified minimum negotiated charge", for purposes**
10 **of IC 16-21-17 and IC 16-21-24.5, has the meaning set forth in**
11 **IC 16-21-17-0.3(b).**
12 SECTION 4. IC 16-18-2-96.1 IS ADDED TO THE INDIANA
13 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
14 [EFFECTIVE MARCH 1, 2021 (RETROACTIVE)]: **Sec. 96.1.**
15 **"Discounted cash price", for purposes of IC 16-21-17 and**
16 **IC 16-21-24.5, has the meaning set forth in IC 16-21-17-0.3(c).**
17 SECTION 5. IC 16-18-2-153.8 IS ADDED TO THE INDIANA
18 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
19 [EFFECTIVE MARCH 1, 2021 (RETROACTIVE)]: **Sec. 153.8.**
20 **"Gross charge", for purposes of IC 16-21-17 and IC 16-21-24.5,**
21 **has the meaning set forth in IC 16-21-17-0.3(d).**
22 SECTION 6. IC 16-18-2-194.7 IS ADDED TO THE INDIANA
23 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
24 [EFFECTIVE MARCH 1, 2021 (RETROACTIVE)]: **Sec. 194.7. "Item**
25 **or service", for purposes of IC 16-21-17 and IC 16-21-24.5, has the**
26 **meaning set forth in IC 16-21-17-0.3(e).**
27 SECTION 7. IC 16-18-2-272.5 IS ADDED TO THE INDIANA

1 CODE AS A NEW SECTION TO READ AS FOLLOWS
 2 [EFFECTIVE MARCH 1, 2021 (RETROACTIVE)]: **Sec. 272.5.**
 3 **"Payer-specific negotiated charge", for purposes of IC 16-21-17**
 4 **and IC 16-21-24.5, has the meaning set forth in IC 16-21-17-0.3(f).**

5 SECTION 8. IC 16-18-2-337.5 IS ADDED TO THE INDIANA
 6 CODE AS A NEW SECTION TO READ AS FOLLOWS
 7 [EFFECTIVE MARCH 1, 2021 (RETROACTIVE)]: **Sec. 337.5.**
 8 **"Standard charge", for purposes of IC 16-21-17 and IC 16-21-24.5,**
 9 **has the meaning set forth in IC 16-21-17-0.3(g).**

10 SECTION 9. IC 16-18-2-375.5 IS REPEALED [EFFECTIVE
 11 MARCH 1, 2021 (RETROACTIVE)]. ~~Sec. 375.5: "Weighted average~~
 12 ~~negotiated charge", for purposes of IC 16-21-17 and IC 16-21-24.5, has~~
 13 ~~the meaning set forth in IC 16-21-17-0.5.~~

14 SECTION 10. IC 16-21-17-0.3 IS ADDED TO THE INDIANA
 15 CODE AS A NEW SECTION TO READ AS FOLLOWS
 16 [EFFECTIVE MARCH 1, 2021 (RETROACTIVE)]: **Sec. 0.3. (a) As**
 17 **used in this chapter, "de-identified maximum negotiated charge"**
 18 **means the highest charge that an ambulatory outpatient surgical**
 19 **center has negotiated with any third party payer for an item or**
 20 **service.**

21 **(b) As used in this chapter, "de-identified minimum negotiated**
 22 **charge" means the lowest charge that an ambulatory outpatient**
 23 **surgical center has negotiated with any third party payer for an**
 24 **item or service.**

25 **(c) As used in this chapter, "discounted cash price" means the**
 26 **charge that applies to an individual who pays cash or the cash**
 27 **equivalent for an ambulatory outpatient surgical center item or**
 28 **service.**

29 **(d) As used in this chapter, "gross charge" means the charge for**
 30 **an individual item or service that is reflected on an ambulatory**
 31 **outpatient surgical center's chargemaster, absent any discounts.**

32 **(e) As used in this chapter, "item or service" means any item or**
 33 **service, including service packages, that could be provided by an**
 34 **ambulatory outpatient surgical center to a patient for which the**
 35 **ambulatory outpatient surgical center has established a standard**
 36 **charge. The term includes the following:**

37 **(1) Supplies.**

38 **(2) Procedures.**

39 **(3) Use of the facility and other facility fees.**

40 **(4) Services of employed physicians and non-physician**
 41 **practitioners, including professional charges.**

42 **(5) Anything that an ambulatory outpatient surgical center**
 43 **has established as a standard charge.**

44 **(f) As used in this chapter, "payer-specific negotiated charge"**
 45 **means the charge that a hospital has negotiated with a third party**
 46 **payer for an item or service.**

1 (g) As used in this chapter, "standard charge" means the
2 regular rate established by the ambulatory outpatient surgical
3 center for an item or service provided to a specific group of paying
4 patients. The term includes the following:

- 5 (1) Gross charge.
- 6 (2) Payer-specific negotiated charge.
- 7 (3) De-identified minimum negotiated charge.
- 8 (4) De-identified maximum negotiated charge.
- 9 (5) Discounted cash price.

10 SECTION 11. IC 16-21-17-0.5 IS REPEALED [EFFECTIVE
11 MARCH 1, 2021 (RETROACTIVE)]. Sec. 0.5: As used in this chapter;
12 "weighted average negotiated charge" means the amount determined
13 in STEP SIX of the following formula with respect to a particular
14 procedure:

15 STEP ONE: For each insurer with whom the hospital or an
16 ambulatory outpatient surgical center negotiates a charge for a
17 particular procedure, determine the percentage of the hospital's
18 patients or the ambulatory outpatient surgical center's patients
19 insured by the insurer in the previous calendar year rounded to a
20 whole percentage.

21 STEP TWO: Multiply each percentage determined under STEP
22 ONE by one hundred (100) and express the results as whole
23 numbers so that the sum of the percentage points determined
24 under STEP ONE is one hundred (100).

25 STEP THREE: For a particular procedure, determine the amount
26 of the negotiated charge for the procedure for each insurer
27 described in STEP ONE.

28 STEP FOUR: For each insurer described in STEP ONE, multiply
29 the STEP THREE amount determined for a particular procedure
30 by the result determined under STEP TWO for that insurer.

31 STEP FIVE: For a particular procedure, determine the sum of the
32 amounts determined under STEP FOUR for all of the insurers
33 described in STEP ONE with respect to that procedure.

34 STEP SIX: For a particular procedure, determine the quotient of:
35 (A) the sum determined under STEP FIVE for that procedure;
36 divided by
37 (B) one hundred (100):".

38 Page 5, delete lines 1 through 25.

39 Page 6, line 8, strike "weighted average negotiated" and insert
40 "standard".

41 Page 6, between lines 34 and 35, begin a new paragraph and insert:
42 "SECTION 13. IC 16-24.5-1-2, AS AMENDED BY P.L.93-2020,
43 SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
44 MARCH 1, 2021 (RETROACTIVE)]: Sec. 2. (a) Not later than March
45 31, 2021, an urgent care facility shall post on the Internet web site of
46 the urgent care facility pricing and other information specified in this

- 1 chapter for the fifteen (15) most common services that are provided by
 - 2 the urgent care facility.
 - 3 (b) The following information, to the extent applicable, must be
 - 4 included on the Internet web site by an urgent care facility for the
 - 5 fifteen (15) most common services described in subsection (a):
 - 6 (1) The number of times each service is provided by the urgent
 - 7 care facility.
 - 8 (2) A description of the service.
 - 9 (3) The ~~weighted average negotiated~~ **standard** charge per service
 - 10 per provider type for each of the following categories:
 - 11 (A) Any nongovernment sponsored health benefit plan or
 - 12 insurance provided by a health carrier in which the provider is
 - 13 in the network.
 - 14 (B) Medicare, including fee for service and Medicare
 - 15 Advantage.
 - 16 (C) Self-pay without charitable assistance from the urgent care
 - 17 facility.
 - 18 (D) Self-pay with charitable assistance from the urgent care
 - 19 facility.
 - 20 (E) Medicaid, including fee for service and risk based
 - 21 managed care."
 - 22 Renumber all SECTIONS consecutively.
- (Reference is to EHB 1421 as printed March 12, 2021.)

Senator BROWN L