

**LEGISLATIVE SERVICES AGENCY  
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS**

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**FISCAL IMPACT STATEMENT**

**LS 7281**

**BILL NUMBER:** HB 1421

**NOTE PREPARED:** Mar 11, 2021

**BILL AMENDED:** Mar 11, 2021

**SUBJECT:** Various Health Care Matters.

**FIRST AUTHOR:** Rep. Schaibley

**FIRST SPONSOR:** Sen. Brown L

**BILL STATUS:** CR Adopted - 2nd House

**FUNDS AFFECTED:**  **GENERAL**  
 **DEDICATED**  
 **FEDERAL**

**IMPACT:** State

**Summary of Legislation:** (Amended) *State Employees Health Plans*: It provides that the state employee health plan statute does not prohibit the State Personnel Department (SPD) from directly contracting with health care providers for health care services for state employees.

*Definition:* It defines "health carrier" for purposes of the law on health provider contracts.

*Ambulatory Outpatient Surgical Centers:* The bill changes the date that ambulatory outpatient surgical centers are required to begin posting certain pricing information from March 31, 2021, to December 31, 2021. The bill also specifies that if an ambulatory outpatient surgical center offers less than 30 additional services, the center is required to post all of the services the center provides.

*Hospital Price Transparency Rule:* It requires a hospital to post pricing information in compliance with the federal Hospital Price Transparency Rule of the Centers for Medicare and Medicaid Services as in effect on January 1, 2021, if:

- (1) the federal Hospital Price Transparency Rule is repealed; or
- (2) federal enforcement of the federal Hospital Price Transparency Rule is stopped.

*Health Provider Contracts:* The bill prohibits the inclusion in a health provider contract of any provision that would:

- (1) prohibit the disclosure of health care service claims data, including for use in the all payer claims data base;
- (2) limit the ability of a health carrier or health provider facility to disclose the allowed amount and fees of services to any insured or enrollee, or to the treating health provider

facility or physician of the insured or enrollee; or  
(3) limit the ability of a health carrier or health provider facility to disclose out-of-pocket costs to an insured or an enrollee.

*Department of Insurance (DOI):* It requires the Department of Insurance (DOI) to issue a report to: (1) the Legislative Council; and (2) the Interim Study Committees on Financial Institutions and Insurance and Public Health, Behavioral Health, and Human Services; setting forth its suggestions for revising the DOI's administrative rules to reduce the regulatory costs incurred by employers seeking to provide health coverage for their employees through multiple employer welfare arrangements.

**Effective Date:** Upon passage; March 1, 2021 (retroactive); July 1, 2021.

**Explanation of State Expenditures:** *State Employees Health Plans:* Self-insured employers (such as the state of Indiana) have reported cost-savings from contracting directly with health providers for part or all of employee health care coverage. Indiana currently uses a third party administrator to implement the state employees health plan. However, implementing a direct to provider model is complicated by arranging models of care and access for geographically dispersed covered individuals.

*Department of Insurance (DOI):* The DOI is to produce a report concerning its administrative rules. Also, to the extent that the DOI has oversight of the health provider contracts, workload may minimally increase to evaluate and resolve contract disputes. These increased workloads are within the routine administrative function of the DOI and expected to be accomplished within existing resource and funding levels, assuming near customary agency staffing and resource levels. [*The DOI is funded through a dedicated agency fund.*]

*Attorney General:* If the Attorney General (AG) conducts additional investigations concerning disallowed contract provisions, the AG's workload may increase. Any increase is expected to be minimal and the requirements are within the agency's routine administrative functions and should be able to be implemented with no additional appropriations, assuming near customary agency staffing and resource levels.

(Revised) *Pricing Information:* Effective on January 1, 2021, 84 FR 65524 requires hospitals to publicly post pricing information for at least 300 "shoppable" services identified by CMS. Current Indiana statute only requires hospitals to post pricing information for 70 of those services in addition to any of the 30 most common services provided by the hospital not included in the other 70. It may also improve compliance among ambulatory outpatient surgical centers by allowing exceptions when fewer services are offered. To the extent this affects complaints made to the ISDH workload will very minimally increase.

**Explanation of State Revenues:**

**Explanation of Local Expenditures:**

**Explanation of Local Revenues:**

**State Agencies Affected:** AG; DOI; ISDH; SPD.

**Local Agencies Affected:**

**Information Sources:** Purdue Extension, *Defining Rural Indiana—The First Step*, EC-766-W, January 2013; US Census, Pct\_UrbanRural\_County.xls, accessed on January 6, 2021;

<https://www.healthaffairs.org/doi/10.1377/hblog20200413.223050/full/>;  
<https://www.kff.org/health-costs/issue-brief/what-we-know-about-provider-consolidation/>;  
<https://revcycleintelligence.com/news/healthcare-merger-and-acquisition-activity-increased-in-q3-2020>;  
<https://www.govinfo.gov/content/pkg/FR-2019-11-27/pdf/2019-24931.pdf>; Legislative Services Agency,  
*Indiana Handbook of Taxes, Revenues, and Appropriations*, FY 2020;  
<https://www.milliman.com/en/insight/is-direct-to-provider-contracting-a-potential-silver-bullet-for-achieving-value-based-care>; IDOA Contract Database.

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