## **COMMITTEE REPORT**

## **MADAM PRESIDENT:**

The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1004, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

1	Delete everything after the enacting clause and insert the following:
2	SECTION 1. IC 12-7-2-174.7 IS ADDED TO THE INDIANA
3	CODE AS A NEW SECTION TO READ AS FOLLOWS
4	[EFFECTIVE JULY 1, 2020]: Sec. 174.7. (a) "Service facility
5	location", for purposes of IC 12-15-11, means the address where
6	the services of a provider facility or practitioner were provided.
7	(b) The term consists of exact address and place of service codes
8	as required on CMS forms 1500 and 1450, including an office,
9	on-campus location of a hospital, and off-campus location of a
10	hospital.
11	SECTION 2. IC 12-15-11-5, AS AMENDED BY P.L.195-2018,
12	SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
13	JULY 1, 2020]: Sec. 5. (a) A provider who participates in the Medicaid
14	program must comply with the enrollment requirements that are
15	established under rules adopted under IC 4-22-2 by the secretary.
16	(b) A provider who participates in the Medicaid program may be
17	required to use the centralized credentials verification organization
18	established in section 9 of this chapter. include the address of the
19	service facility location in order to obtain Medicaid reimbursement
20	for a claim for health care services from the office or a managed

1 care organization. 2 (c) The office or a managed care organization is not required to 3 accept a claim for health care services that does not contain the 4 service facility location. 5 SECTION 3. IC 12-15-11-6 IS AMENDED TO READ AS 6 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 6. (a) After a provider 7 signs a provider agreement under this chapter, the office may not 8 exclude the provider from participating in the Medicaid program by 9 entering into an exclusive contract with another provider or group of 10 providers, except as provided under section 7 of this chapter. 11 (b) The office or a managed care organization contracting with the office may not prohibit a provider from participating in a 12 13 network of another insurer, managed care organization, or health 14 maintenance organization. 15 SECTION 4. IC 16-18-2-163.6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS 16 17 [EFFECTIVE JULY 1, 2020]: Sec. 163.6. (a) "Health care services", 18 for purposes of IC 16-51-1, has the meaning set forth in 19 IC 16-51-1-1. 20 (b) "Health care services", for purposes of IC 16-51-2, has the 21 meaning set forth in IC 16-51-2-1. 22 SECTION 5. IC 16-18-2-167.8 IS ADDED TO THE INDIANA 23 CODE AS A NEW SECTION TO READ AS FOLLOWS 24 [EFFECTIVE JULY 1, 2020]: Sec. 167.8. (a) "Health maintenance 25 organization", for purposes of IC 16-51-1, has the meaning set 26 forth in IC 16-51-1-2. 27 (b) "Health maintenance organization", for purposes of 28 IC 16-51-2, has the meaning set forth in IC 16-51-2-2. 29 SECTION 6. IC 16-18-2-188.4 IS ADDED TO THE INDIANA 30 CODE AS A NEW SECTION TO READ AS FOLLOWS 31 [EFFECTIVE JULY 1, 2020]: Sec. 188.4. "Individual provider 32 form", for purposes of IC 16-51-1, has the meaning set forth in 33 IC 16-51-1-3. SECTION 7. IC 16-18-2-190.7 IS ADDED TO THE INDIANA 34 35 CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 190.7. "Institutional provider", 36 37 for purposes of IC 16-51-1, has the meaning set forth in 38 IC 16-51-1-4. 39 SECTION 8. IC 16-18-2-190.8 IS ADDED TO THE INDIANA 40 CODE AS A NEW SECTION TO READ AS FOLLOWS 41 [EFFECTIVE JULY 1, 2020]: Sec. 190.8. "Institutional provider 42 form", for purposes of IC 16-51-1, has the meaning set forth in

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1 IC 16-51-1-5. 2 SECTION 9. IC 16-18-2-190.9 IS ADDED TO THE INDIANA 3 CODE AS A NEW SECTION TO READ AS FOLLOWS 4 [EFFECTIVE JULY 1, 2020]: Sec. 190.9. "Insurer", for purposes of 5 IC 16-51-1, has the meaning set forth in IC 16-51-1-6. 6 (b) "Insurer", for purposes of IC 16-51-2, has the meaning set 7 forth in IC 16-51-2-3. 8 SECTION 10. IC 16-18-2-254.7 IS ADDED TO THE INDIANA 9 CODE AS A NEW SECTION TO READ AS FOLLOWS 10 [EFFECTIVE JULY 1, 2020]: Sec. 254.7. "Office setting", for 11 purposes of IC 16-51-1, has the meaning set forth in IC 16-51-1-7. 12 SECTION 11. IC 16-18-2-288, AS AMENDED BY P.L.96-2014, 13 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 14 JULY 1, 2020]: Sec. 288. (a) "Practitioner", for purposes of 15 IC 16-42-19, has the meaning set forth in IC 16-42-19-5. 16 (b) "Practitioner", for purposes of IC 16-41-14, has the meaning set 17 forth in IC 16-41-14-4. 18 (c) "Practitioner", for purposes of IC 16-42-21, has the meaning set 19 forth in IC 16-42-21-3. 20 (d) "Practitioner", for purposes of IC 16-42-22 and IC 16-42-25, has 21 the meaning set forth in IC 16-42-22-4.5. 22 (e) "Practitioner", for purposes of IC 16-51-2, has the meaning 23 set forth in IC 16-51-2-4. 24 SECTION 12. IC 16-18-2-295, AS AMENDED BY P.L.161-2014, 25 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE 26 JULY 1, 2020]: Sec. 295. (a) "Provider", for purposes of IC 16-21-8, 27 has the meaning set forth in IC 16-21-8-0.2. 28 (b) "Provider", for purposes of IC 16-38-5, IC 16-39 (except for 29 IC 16-39-7), and IC 16-41-1 through IC 16-41-9, means any of the 30 following: 31 (1) An individual (other than an individual who is an employee or 32 a contractor of a hospital, a facility, or an agency described in 33 subdivision (2) or (3)) who is licensed, registered, or certified as 34 a health care professional, including the following: 35 (A) A physician. 36 (B) A psychotherapist. 37 (C) A dentist. 38 (D) A registered nurse. 39 (E) A licensed practical nurse. 40 (F) An optometrist. 41 (G) A podiatrist. 42 (H) A chiropractor.

1	(I) A physical therapist.
2	(J) A psychologist.
3	(K) An audiologist.
4	(L) A speech-language pathologist.
5	(M) A dietitian.
6	(N) An occupational therapist.
7	(O) A respiratory therapist.
8	(P) A pharmacist.
9	(Q) A sexual assault nurse examiner.
10	(2) A hospital or facility licensed under IC 16-21-2 or IC 12-25 or
11	described in IC 12-24-1 or IC 12-29.
12	(3) A health facility licensed under IC 16-28-2.
13	(4) A home health agency licensed under IC 16-27-1.
14	(5) An employer of a certified emergency medical technician, a
15	certified advanced emergency medical technician, or a licensed
16	paramedic.
17	(6) The state department or a local health department or an
18	employee, agent, designee, or contractor of the state department
19	or local health department.
20	(c) "Provider", for purposes of IC 16-39-7-1, has the meaning set
21	forth in IC 16-39-7-1(a).
22	(d) "Provider", for purposes of IC 16-48-1, has the meaning set forth
23	in IC 16-48-1-3.
24	(e) "Provider", for purposes of IC 16-51-1, has the meaning set
25	forth in IC 16-51-1-8.
26	SECTION 13. IC 16-18-2-295.3 IS ADDED TO THE INDIANA
27	CODE AS A NEW SECTION TO READ AS FOLLOWS
28	[EFFECTIVE JULY 1, 2020]: Sec. 295.3. "Provider facility", for
29	purposes of IC 16-51-2, has the meaning set forth in IC 16-51-2-5.
30	SECTION 14. IC 16-18-2-327.7 IS ADDED TO THE INDIANA
31	CODE AS A NEW SECTION TO READ AS FOLLOWS
32	[EFFECTIVE JULY 1, 2020]: Sec. 327.7. "Service facility location",
33	for purposes of IC 16-51-2, has the meaning set forth in
34	IC 16-51-2-6.
35	SECTION 15. IC 16-51 IS ADDED TO THE INDIANA CODE AS
36	A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1,
37	2020]:
38	ARTICLE 51. HEALTH CARE REQUIREMENTS
39	Chapter 1. Health Care Provider Billing
40	Sec. 1. (a) As used in this chapter, "health care services" means
41	health care related services or products rendered or sold by a
42	provider within the scope of the provider's license or legal

1	authorization.
2	(b) The term includes hospital, medical, surgical, dental, vision,
3	and pharmaceutical services or products.
4	Sec. 2. As used in this chapter, "health maintenance
5	organization" has the meaning set forth in IC 27-13-1-19.
6	Sec. 3. (a) As used in this chapter, "individual provider form"
7	means a medical claim form, including an electronic version of the
8	form, that:
9	(1) is accepted by the federal Centers for Medicare and
10	Medicaid Services for use by individual providers or groups
11	of providers; and
12	(2) includes a claim field for disclosure of the site at which the
13	health care services to which the form relates were provided.
14	(b) The term includes the following:
15	(1) The CMS-1500 form.
16	(2) The HCFA-1500 form.
17	Sec. 4. As used in this chapter, "institutional provider" means
18	a facility, operated by a hospital licensed under IC 16-21-2, in
19	which both of the following services are provided:
20	(1) Emergency services.
21	(2) Inpatient services.
22	Sec. 5. (a) As used in this chapter, "institutional provider form"
23	means a medical claim form, including an electronic version of the
24	form, that is accepted by the federal Centers for Medicare and
25	Medicaid Services for use by institutional providers.
26	(b) The term includes the following:
27	(1) The 837 Institutional form.
28	(2) The CMS-1450 form.
29	(3) The UB-04 form.
30	Sec. 6. As used in this chapter, "insurer" has the meaning set
31	forth in IC 27-8-11-1(e).
32	Sec. 7. As used in this chapter, "office setting" means a location
33	not physically located within the facility of an institutional
34	provider and where a provider routinely provides health
35	examinations and diagnosis and treatment of illness or injury on an
36 27	ambulatory basis.
37	Sec. 8. As used in this chapter, "provider" means an individual
38	or entity duly licensed or legally authorized to provide health care
39 40	services. See $0$ (a) $A$ bill for boolth care services provided by a provider
40 41	Sec. 9. (a) A bill for health care services provided by a provider in an office setting:
41 42	in an office setting:
<del>4</del> 2	(1) must not be submitted on an institutional provider form;

1	and
2	(2) must be submitted on an individual provider form.
3	(b) An insurer, health maintenance organization, employer, or
4	other person responsible for the payment of the cost of health care
5	services provided by a provider in an office setting is not required
6	to accept a bill for the health care services that is submitted on an
7	institutional provider form.
8	(c) This section applies only to an institutional provider form or
9	an individual provider form submitted after December 31, 2020.
10	Sec. 10. Before March 1 of each year an insurer and health
11	maintenance organization shall submit information, specified by
12	the department of insurance, concerning compliance by providers
13	under this chapter.
14	Sec. 11. The department of insurance shall adopt rules under
15	IC 4-22-2 for the enforcement of this chapter.
16	Chapter 2. Health Care Service Location Billing
17	Sec. 1. (a) As used in this chapter, "health care services" means
18	health care related services or products rendered or sold by a
19	provider within the scope of the provider's license or legal
20	authorization.
21	(b) The term includes hospital, medical, surgical, dental, vision,
22	and pharmaceutical services or products.
23	Sec. 2. As used in this chapter, "health maintenance
24	organization" has the meaning set forth in IC 27-13-1-19.
25	Sec. 3. As used in this chapter, "insurer" has the meaning set
26	forth in IC 27-8-11-1(e).
27	Sec. 4. As used in this chapter, "practitioner" means an
28	individual or entity duly licensed or legally authorized to provide
29	health care services.
30	Sec. 5. As used in this chapter, "provider facility" means any of
31	the following:
32	(1) A hospital.
33	(2) A skilled nursing facility.
34	(3) An end stage renal disease provider.
35	(4) A home health agency.
36	(5) A hospice organization.
37	(6) An outpatient physical therapy, occupational therapy, or
38	speech pathology service provider.
39 40	(7) A comprehensive outpatient rehabilitation facility.
40	(8) A community mental health center.
41	(9) A critical access hospital.
42	(10) A federally qualified health center.

1	(11) A histocompatibility laboratory.
2	(12) An Indian health service facility.
3	(13) An organ procurement organization.
4	(14) A religious nonmedical health care institution.
5	(15) A rural health clinic.
6	Sec. 6. As used in this chapter, "service facility location" means
7	the address where the services of a provider facility or practitioner
8	were provided. The term consists of exact address and place of
9	service codes as required on CMS forms 1500 and 1450, including
10	an office, on-campus location of a hospital, and off-campus location
11	of a hospital.
12	Sec. 7. (a) A provider facility or practitioner shall include the
13	address of the service facility location in order to obtain
14	reimbursement for a commercial claim for health care services
15	from an insurer, health maintenance organization, employer, or
16	other person responsible for the payment of the cost of health care
17	services.
18	(b) An insurer, health maintenance organization, employer, or
19	other person responsible for the payment of the cost of health care
20	services is not required to accept a bill for health care services that
21	does not contain the service facility location.
22	Sec. 8. A patient is not liable for any additional payment that is
23	the result of a practitioner or provider facility filing an incorrect
24	form or not including the correct service facility location as
25	required under this chapter.
26	SECTION 16. IC 25-1-9-23 IS ADDED TO THE INDIANA CODE
27	AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
28	1, 2020]: Sec. 23. (a) As used in this section, "covered individual"
29	means an individual who is entitled to be provided health care
30	services at a cost established according to a network plan.
31	(b) As used in this section, "in network practitioner" means a
32	practitioner who is required under a network plan to provide
33	health care services to covered individuals at not more than a
34	preestablished rate or amount of compensation.
35	(c) As used in this section, "network plan" means a plan under
36	which facilities and practitioners are required by contract to
37	provide health care services to covered individuals at not more
38	than a preestablished rate or amount of compensation.
39	(d) As used in this section, "practitioner" means the following:
40	(1) An individual licensed under IC 25 who provides
41	professional health care services to individuals in a facility.
42	(2) An organization:

1	(A) that consists of practitioners described in subdivision
2	(1); and
3	(B) through which practitioners described in subdivision
4	(1) provide health care services.
5	(3) An entity that:
6	(A) is not a facility; and
7	(B) employs practitioners described in subdivision (1) to
8	provide health care services.
9	(e) An in network practitioner who provides health care services
10	to a covered individual may not charge more for the health care
11	services than allowed according to the rate or amount of
12	compensation established by the individual's network plan.
13	(f) An out of network practitioner who provides health care
14	services to a covered individual may charge more for the health
15	care services than allowed according to the rate or amount of
16	compensation established by the individual's network plan if all of
17	the following conditions are met:
18	(1) At least five (5) days before the health care services are
19	scheduled to be provided to the covered individual, the
20	practitioner provides to the covered individual, on a form
21	separate from any other form provided to the covered
22	individual by the practitioner, a statement in conspicuous type
23	at least as large as fourteen (14) point type that meets the
24	following requirements:
25	(A) Includes a notice reading substantially as follows:
26	"[Name of practitioner] intends to charge you more for
27	[name or description of health care services] than allowed
28	according to the rate or amount of compensation
29	established by the network plan applying to your coverage.
30	[Name of practitioner] is not entitled to charge this much
31	for [name or description of health care services] unless you
32	give your written consent to the charge.".
33	(B) Sets forth the practitioner's good faith estimate of the
34	amount that the practitioner intends to charge for the
35	health care services provided to the covered individual.
36	(C) Includes a notice reading substantially as follows
37	concerning the good faith estimate set forth under clause
38	(B): "The estimate of our intended charge for [name or
39	description of health care services] set forth in this
40	statement is provided in good faith and is our best estimate
41	of the amount we will charge. If our actual charge for
42	[name or description of health care services] exceeds our

2estimate.".3(2) The covered individual signs the statement provided under4subdivision (1), signifying the covered individual's consent to5the charge for the health care services being greater than6allowed according to the rate or amount of compensation7established by the network plan.8(g) If the charge of a practitioner for health care services9provided to a covered individual exceeds the estimate provided to10the covered individual under subsection (f)(1)(B), the facility or11practitioner shall explain in a writing provided to the covered12individual why the charge exceeds the estimate.13SECTION 17. IC 25-1-9.8 IS ADDED TO THE INDIANA CODE14AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE15JULY 1, 2020]:16Chapter 9.8. Practitioner Good Faith Estimates17Sec. 1. As used in this chapter, "covered individual" means an11individual who is entitled to be provided health care services19according to a health carrier's network plan.20Sec. 2. As used in this chapter, "gisode of care" means the10medical care ordered to be provided for a specific medical11procedure, condition, or illness.23Sec. 2. As used in this chapter, "good faith estimate" means a16(1) is made by a practitioner under this chapter upon the17reasonable estimate of the price a practitioner anticipates charging16for an episode of care for nonemergency health care21servic	1	estimate, we will explain to you why the charge exceeds the
4subdivision (1), signifying the covered individual's consent to5the charge for the health care services being greater than6allowed according to the rate or amount of compensation7established by the network plan.8(g) If the charge of a practitioner for health care services9provided to a covered individual exceeds the estimate provided to10the covered individual under subsection (f)(1)(B), the facility or11practitioner shall explain in a writing provided to the covered12individual why the charge exceeds the estimate.13SECTION 17. IC 25-1-9.8 IS ADDED TO THE INDIANA CODE14AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE15JULY 1, 2020]:16Chapter 9.8. Practitioner Good Faith Estimates17Sec. 1. As used in this chapter, "covered individual" means an18individual who is entitled to be provided health care services19according to a health carrier's network plan.20Sec. 1.5. As used in this chapter, "pisode of care" means the11medical care ordered to be provided for a specific medical21procedure, condition, or illness.23Sec. 2. As used in this chapter, "good faith estimate" means a24reasonable estimate of the price a practitioner anticipates charging25for an episode of care for nonemergency health care services that:26(1) is made by a practitioner under this chapter upon the27request of:28(A) the individual for whom the nonemergency health care29<	2	estimate.".
the charge for the health care services being greater than           allowed according to the rate or amount of compensation           established by the network plan.           (g) If the charge of a practitioner for health care services           provided to a covered individual exceeds the estimate provided to           the covered individual under subsection (h)(1)(B), the facility or           practitioner shall explain in a writing provided to the covered           individual why the charge exceeds the estimate.           SECTION 17. IC 25-1-9.8 IS ADDED TO THE INDIANA CODE           4AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE           JULY 1, 2020]:           Chapter 9.8. Practitioner Good Faith Estimates           Sec. 1. As used in this chapter, "covered individual" means an           individual who is entitled to be provided health care services           according to a health carrier's network plan.           Sec. 1. S. used in this chapter, "coyored individual" means an           individual who is entitled to be provided for a specific medical           procedure, condition, or illness.           Sec. 2. As used in this chapter, "good faith estimate" means a           reasonable estimate of the price a practitioner anticipates charging           for an episode of care for nonemergency health care           service has been ordered; or           (1) is made by a practitioner under this chapter upon the	3	(2) The covered individual signs the statement provided under
6allowed according to the rate or amount of compensation7established by the network plan.8(g) If the charge of a practitioner for health care services9provided to a covered individual exceeds the estimate provided to10the covered individual under subsection (f)(1)(B), the facility or11practitioner shall explain in a writing provided to the covered12individual why the charge exceeds the estimate.13SECTION 17. IC 25-1-9.8 IS ADDED TO THE INDIANA CODE14AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE15JULY 1, 2020]:16Chapter 9.8. Practitioner Good Faith Estimates17Sec. 1. As used in this chapter, "covered individual" means an18individual who is entitled to be provided health care services19according to a health carrier's network plan.20Sec. 1.5. As used in this chapter, "episode of care" means the21medical care ordered to be provided for a specific medical22procedure, condition, or illness.23Sec. 2. As used in this chapter, "good faith estimate" means a24reasonable estimate of the price a practitioner anticipates charging25for an episode of care for nonemergency health care29service has been ordered; or30(B) the provider facility in which the nonemergency health31care service will be provided; and32(2) is not binding upon the practitioner.33Sec. 3. (a) As used in this chapter, "health carrier" means an34entity:3	4	subdivision (1), signifying the covered individual's consent to
7established by the network plan.8(g) If the charge of a practitioner for health care services9provided to a covered individual exceeds the estimate provided to10the covered individual under subsection (f)(1)(B), the facility or11practitioner shall explain in a writing provided to the covered12individual why the charge exceeds the estimate.13SECTION 17. IC 25-1-9.8 IS ADDED TO THE INDIANA CODE14AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE15JULY 1, 2020]:16Chapter 9.8. Practitioner Good Faith Estimates17Sec. 1. As used in this chapter, "covered individual" means an18individual who is entitled to be provided health care services19according to a health carrier's network plan.20Sec. 1.5. As used in this chapter, "episode of care" means the21procedure, condition, or illness.23Sec. 2. As used in this chapter, "good faith estimate" means a24reasonable estimate of the price a practitioner anticipates charging25for an episode of care for nonemergency health care services that:26(1) is made by a practitioner under this chapter upon the27request of:33Sec. 3. (a) As used in this chapter, "health carrier" means an34care service will be provided; and35(2) is not binding upon the practitioner.36(3) As used in this chapter, "health carrier" means an34entity:35(1) that is subject to IC 27 and the administrative rules36 <td>5</td> <td>the charge for the health care services being greater than</td>	5	the charge for the health care services being greater than
8       (g) If the charge of a practitioner for health care services         9       provided to a covered individual exceeds the estimate provided to         10       the covered individual under subsection (f)(1)(B), the facility or         11       practitioner shall explain in a writing provided to the covered         12       individual why the charge exceeds the estimate.         13       SECTION 17. IC 25-1-9.8 IS ADDED TO THE INDIANA CODE         14       AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE         15       JULY 1, 2020]:         16       Chapter 9.8. Practitioner Good Faith Estimates         17       Sec. 1. As used in this chapter, "covered individual" means an         18       individual who is entitled to be provided health care services         19       according to a health carrier's network plan.         20       Sec. 1.5. As used in this chapter, "episode of care" means the         11       medical care ordered to be provided for a specific medical         21       procedure, condition, or illness.         23       Sec. 2. As used in this chapter, "good faith estimate" means a         24       reasonable estimate of the price a practitioner anticipates charging         25       for an episode of care for nonemergency health care services that:         26       (1) is made by a practitioner.         28<	6	allowed according to the rate or amount of compensation
9provided to a covered individual exceeds the estimate provided to10the covered individual under subsection (f)(1)(B), the facility or11practitioner shall explain in a writing provided to the covered12individual why the charge exceeds the estimate.13SECTION 17. IC 25-1-9.8 IS ADDED TO THE INDIANA CODE14AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE15JULY 1, 2020]:16Chapter 9.8. Practitioner Good Faith Estimates17Sec. 1. As used in this chapter, "covered individual" means an18individual who is entitled to be provided health care services19according to a health carrier's network plan.20Sec. 1.5. As used in this chapter, "episode of care" means the21medical care ordered to be provided for a specific medical22procedure, condition, or illness.23Sec. 2. As used in this chapter, "good faith estimate" means a24reasonable estimate of the price a practitioner anticipates charging25for an episode of care for nonemergency health care services that:26(1) is made by a practitioner under this chapter upon the27request of:28(A) the individual for whom the nonemergency health care29service has been ordered; or30(B) the provider facility in which the nonemergency health31care service will be provided; and32(2) is not binding upon the practitioner.33Sec. 3. (a) As used in this chapter, "health carrier" means an34entity:35 <td>7</td> <td>established by the network plan.</td>	7	established by the network plan.
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11       practitioner shall explain in a writing provided to the covered         12       individual why the charge exceeds the estimate.         13       SECTION 17. IC 25-1-9.8 IS ADDED TO THE INDIANA CODE         14       AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE         15       JULY 1, 2020]:         16       Chapter 9.8. Practitioner Good Faith Estimates         17       Sec. 1. As used in this chapter, "covered individual" means an         18       individual who is entitled to be provided health care services         19       according to a health carrier's network plan.         20       Sec. 1.5. As used in this chapter, "episode of care" means the         21       medical care ordered to be provided for a specific medical         22       procedure, condition, or illness.         23       Sec. 2. As used in this chapter, "good faith estimate" means a         24       reasonable estimate of the price a practitioner anticipates charging         25       for an episode of care for nonemergency health care services that:         26       (1) is made by a practitioner under this chapter upon the         27       request of:         28       (A) the individual for whom the nonemergency health care         29       service has been ordered; or         30       (B) the provider facility in which the nonemergency	9	provided to a covered individual exceeds the estimate provided to
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<ul> <li>37 (2) that enters into a contract to:</li> <li>38 (A) provide health care services;</li> <li>39 (B) deliver health care services;</li> <li>40 (C) arrange for health care services; or</li> <li>41 (D) pay for or reimburse any of the costs of health care</li> </ul>	35	(1) that is subject to IC 27 and the administrative rules
<ul> <li>38 (A) provide health care services;</li> <li>39 (B) deliver health care services;</li> <li>40 (C) arrange for health care services; or</li> <li>41 (D) pay for or reimburse any of the costs of health care</li> </ul>	36	adopted under IC 27; and
<ul> <li>39 (B) deliver health care services;</li> <li>40 (C) arrange for health care services; or</li> <li>41 (D) pay for or reimburse any of the costs of health care</li> </ul>	37	(2) that enters into a contract to:
<ul> <li>40 (C) arrange for health care services; or</li> <li>41 (D) pay for or reimburse any of the costs of health care</li> </ul>	38	(A) provide health care services;
41 <b>(D)</b> pay for or reimburse any of the costs of health care	39	(B) deliver health care services;
		(C) arrange for health care services; or
42 services.	41	(D) pay for or reimburse any of the costs of health care
	42	services.

1	(b) The term also includes the following:
2	(1) An insurer, as defined in IC 27-1-2-3(x), that issues a
3	policy of accident and sickness insurance, as defined in
4	IC 27-8-5-1(a).
5	(2) A health maintenance organization, as defined in
6	IC 27-13-1-19.
7	(3) An administrator (as defined in IC 27-1-25-1(a)) that is
8	licensed under IC 27-1-25.
9	(4) A state employee health plan offered under IC 5-10-8.
10	(5) A short term insurance plan (as defined by IC 27-8-5.9-3).
11	(6) Any other entity that provides a plan of health insurance,
12	health benefits, or health care services.
13	Sec. 4. As used in this chapter, "in network", when used in
14	reference to a practitioner, means that the health care services
15	provided by the practitioner are subject to a health carrier's
16	network plan.
17	Sec. 5. (a) As used in this chapter, "network" means a group of
18	provider facilities and practitioners that:
19	(1) provide health care services to covered individuals; and
20	(2) have agreed to, or are otherwise subject to, maximum
21	limits on the prices for the health care services to be provided
22	to the covered individuals.
23	(b) The term includes the following:
24	(1) A network described in subsection (a) that is established
25	pursuant to a contract between an insurer providing coverage
26	under a group health policy and:
27	(A) individual provider facilities and practitioners;
28	(B) a preferred provider organization; or
29	(C) an entity that employs or represents providers,
30	including:
31	(i) an independent practice association; and
32	(ii) a physician-hospital organization.
33	(2) A health maintenance organization, as defined in
34	IC 27-13-1-19.
35	Sec. 6. As used in this chapter, "network plan" means a plan of
36	a health carrier that:
37	(1) requires a covered person to receive; or
38	(2) creates incentives, including financial incentives, for a
39 40	covered person to receive;
40 41	health care services from one (1) or more providers that are under
41 42	contract with, managed by, or owned by the health carrier.
74	Sec. 7. As used in this chapter, "nonemergency health care

1	service" means a discrete service or series of services ordered by
2	a practitioner for an episode of care for the:
3	(1) diagnosis;
4	(2) prevention;
5	(3) treatment;
6	(4) cure; or
7	(5) relief;
8	of a physical, mental, or behavioral health condition, illness, injury,
9	or disease that is not provided on an emergency or urgent care
10	basis.
11	Sec. 8. As used in this chapter, "practitioner" means an
12	individual or entity duly licensed or legally authorized to provide
13	health care services.
14	Sec. 8.5. As used in this chapter, "price" means the negotiated
15	rate between the:
16	(1) provider facility and practitioner; and
17	(2) covered individual's primary health carrier.
18	Sec. 9. As used in this chapter, "provider" means:
19	(1) a provider facility; or
20	(2) a practitioner.
21	Sec. 10. As used in this chapter, "provider facility" means any of
22	the following:
23	(1) A hospital licensed under IC 16-21-2.
24	(2) An ambulatory outpatient surgery center licensed under
25	IC 16-21-2.
26	(3) An abortion clinic licensed under IC 16-21-2.
27	(4) A birthing center licensed under IC 16-21-2.
28	(5) Except for an urgent care facility (as defined by
29	IC 27-1-46-10.5), a facility that provides diagnostic services to
30	the medical profession or the general public.
31	(6) A laboratory where clinical pathology tests are carried out
32	on specimens to obtain information about the health of a
33	patient.
34	(7) A facility where radiologic and electromagnetic images are
35	made to obtain information about the health of a patient.
36	(8) An infusion center that administers intravenous
37	medications.
38	Sec. 11. (a) This section does not apply to an individual who is
39	a Medicaid recipient.
40	(b) An individual for whom a nonemergency health care service
41	has been ordered may request from the practitioner who may
42	provide the nonemergency health care service a good faith estimate

1	
1	of the total price the practitioner will charge for providing the
2 3	nonemergency health care service. (c) A practitioner who receives a request from a patient under
4	subsection (b) shall, not more than five (5) business days after
5	receiving all the relevant information from the individual, provide
6	to the individual a good faith estimate of the price that the
7	practitioner will charge for providing the nonemergency health
8	care service.
9	(d) A practitioner must ensure that a good faith estimate
10	provided to an individual under this section is accompanied by a
11	notice stating that:
12	(1) an estimate provided under this section is not binding on
13	the practitioner;
14	(2) the price the practitioner charges the individual may vary
15	from the estimate based on the individual's medical needs;
16	and
17	(3) the estimate provided under this section is only valid for
18	thirty (30) days.
19	(e) A practitioner may not charge an individual for information
20	provided under this section.
21	Sec. 12. (a) If:
22	(1) the individual who requests a good faith estimate from a
23	practitioner under this chapter is a covered individual with
24	respect to a network plan; and
25	(2) the practitioner from which the individual requests the
26	good faith estimate is in network with respect to the same
27	network plan;
28	the good faith estimate that the practitioner provides to the
29	individual under this chapter must be based on the negotiated price
30	to which the practitioner has agreed as an in network provider.
31	(b) If the individual who requests a good faith estimate from a
32	practitioner under this chapter:
33	(1) is not a covered individual with respect to any network
34	plan; or
35	(2) is not a covered individual with respect to a network plan
36	with respect to which the practitioner is in network;
37	the good faith estimate that the practitioner provides to the
38	individual under this chapter must be based on the price that the
39 40	practitioner charges for the nonemergency health care service in the charges of any network plan
40 41	the absence of any network plan.
41 42	Sec. 13. A practitioner may provide a good faith estimate to an individual under this chapter:
<del>4</del> 2	individual under this chapter:

<ul> <li>(1) In a writing derivered to the individual,</li> <li>(2) by electronic mail; or</li> <li>(3) through a mobile application or other Internet web based method, if available;</li> <li>according to the preference expressed by the individual.</li> <li>Sec. 14. (a) A good faith estimate provided by a practitioner to an individual under this chapter must meet the following requirements:</li> <li>(1) Provide a summary of the services and material items that the good faith estimate is based on.</li> <li>(2) Include:</li> <li>(3) the price that the provider facility in which the health care service will be performed will charge for:</li> <li>(4) the price that the provider facility to care for the individual for the nonemergency health care service;</li> <li>(i) the use of the provider facility to care for the individual for the nonemergency health care service;</li> <li>(ii) the services rendered by the staff of the provider facility in connection with the nonemergency health care service;</li> <li>(a) the price charged for the services of all practitioners, support staff, and other persons who provide professional health services:</li> <li>(i) who may provide services to or for the individual for the nonemergency health care service;</li> <li>(a) the price charged for the service; and</li> <li>(b) the price services, diagnostic service; and</li> <li>(ii) for whose services the individual will be charged separately from the charge of the provider facility;</li> <li>for the nonemergency health care service; and</li> <li>(ii) for whose services, and other services, and</li> <li>(b) Subsection (a) does not prohibit a practitioner from providing to an individual a good faith estimate that indicates how much of the total figure that is a sum of the estimated prices referred to in subdivisions (1) and (2).</li> <li>(b) Subsection (a) does not provide ractitioner with the individual is out-of-pocket expense after the health carrier's payment of charges.</li> <li>(c) A health carrier must provide a practitioner with</li></ul>	1	(1) in a writing delivered to the individual;
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		payment of charges.
42 information needed by the practitioner to comply with the		
	42	information needed by the practitioner to comply with the

1	requirements under this chapter not more than two (2) business
2	days after receiving the request.
3	(d) A practitioner is not subject to the penalties under section 18
4	of this chapter if:
5	(1) a health carrier or provider facility fails to provide the
6	practitioner with the information as required under
7	subsection (c);
8	(2) the practitioner provides the individual with a good faith
9	estimate based on any information that the practitioner has;
10	and
11	(3) the practitioner provides the individual with an updated
12	good faith estimate after the health carrier or provider facility
13	has provided the information required under subsection (c).
14	Sec. 15. If:
15	(1) a practitioner is expected to provide a nonemergency
16	health care service to an individual in a provider facility; and
17	(2) the provider facility receives a request from an individual
18	for a good faith estimate under IC 27-1-46;
19	the practitioner, upon request from the provider facility, shall
20	provide to the provider facility a good faith estimate of the
21	practitioner's price for providing the nonemergency health care
22	service to enable the provider facility to comply with
23	IC 27-1-46-11.
24	Sec. 16. (a) A practitioner that has ordered the individual for a
25	nonemergency health care service shall provide to the individual
26	an electronic or paper copy of a written notice that states the
27	following, or words to the same effect: "A patient may at any time
28	ask a health care provider for an estimate of the price the health
29	care providers and health facility will charge for providing a
30	nonemergency medical service. The law requires that the estimate
31	be provided within 5 business days.".
32	(b) The state department may adopt rules under IC 4-22-2 to
33	establish requirements for practitioners to provide additional
34	charging information under this section.
35	Sec. 17. If:
36	(1) a practitioner receives a request for a good faith estimate
37	under this chapter; and
38	(2) the patient is eligible for Medicare coverage;
39	the practitioner shall provide a good faith estimate to the patient
40	within five (5) business days based on available Medicare rates.
41	Sec. 18. The appropriate board (as defined in IC 25-1-9-1) may
42	take action against a practitioner:

1	(1) under IC 25-1-9-9(a)(3) or IC 25-1-9-9(a)(4) for an initial
2	violation or isolated violations of this chapter; or
3	(2) under IC 25-1-9-9(a)(6) for repeated or persistent
4	violations of this chapter;
5	concerning the providing of a good faith estimate to an individual
6	for whom a nonemergency health care service has been ordered or
7	the providing of notice in the practitioner's office or on the
8	practitioner's Internet web site that a patient may at any time ask
9	for an estimate of the price that the patient will be charged for a
10	medical service.
11	SECTION 18. IC 25-1-9.9 IS ADDED TO THE INDIANA CODE
12	AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
13	JULY 1, 2020]:
14	Chapter 9.9. Practitioner Employment Contracts And
15	Non-Compete Agreements
16	Sec. 1. This chapter applies to an employment contract entered
17	into, modified, renewed, or extended after June 30, 2020.
18	Sec. 2. As used in this chapter, "employee" means a practitioner
19	(as defined in IC 25-1-9-2) employed by an employer for wages or
20	salary. The term includes an individual who has received an offer
21	of employment from a prospective employer.
22	Sec. 3. As used in this chapter, "employer" means an individual,
23	corporation, partnership, limited liability company, or any other
24	legal entity that has at least one (1) employee and is legally doing
25	business in Indiana.
26	Sec. 4. As used in this chapter, "non-compete agreement" means
27	a contractual provision by which an employer attempts to limit an
28	employee's ability to seek future employment or engage in future
29	business activity after the employment relationship has terminated.
30	Sec. 5. An employment contract entered into by an employer
31	and employee may not contain a non-compete agreement.
32	Sec. 6. A non-compete agreement in an employment contract in
33	violation of this chapter is unenforceable and void.
34	SECTION 19. IC 25-22.5-17 IS ADDED TO THE INDIANA
35	CODE AS A NEW CHAPTER TO READ AS FOLLOWS
36	[EFFECTIVE JULY 1, 2020]:
37 38	Chapter 17. Physician's Patient Information
38 39	Sec. 1. If a physician licensed under this article leaves the
39 40	employment of an employer, the following apply:
40 41	(1) The employer of the physician must provide the physician with a copy of any notice that:
41	(A) concerns the physician's departure from the employer;
74	(A) concerns the physician sucparture from the employer,

1	and
2	(B) was sent to any patient seen or treated by the physician
3	during the two (2) year period preceding the termination
4	of the physician's employment or the expiration of the
5	physician's contract. However, the patient names and
6	contact information must be redacted from the copy of the
7	notice provided from the employer of the physician to the
8	physician.
9	(2) The physician's employer must, in good faith, provide the
10	physician's last known or current contact and location
11	information to a patient who:
12	(A) requests updated contact and location information for
13	the physician; and
14	(B) was seen or treated by the physician during the two (2)
15	year period preceding the termination of the physician's
16	employment or the expiration of the physician's contract.
17	(3) The physician's employer must provide the physician with:
18	(A) access to; or
19	(B) copies of;
20	any medical record associated with a patient described in
21	subdivision (1) or (2) upon receipt of the patient's consent.
22	(4) The physician's employer may not provide patient medical
23	records to a requesting physician in a format that materially
24	differs from the format used to create or store the medical
25	record during the routine or ordinary course of business,
26	unless a different format is mutually agreed upon by the
27	parties. Paper or portable document format copies of the
28	medical records satisfy the formatting provisions of this
29	chapter.
30	Sec. 2. A person or entity required to create, copy, or transfer
31	a patient medical record for a reason specified in this chapter may
32	charge a reasonable fee for the service as permitted under
33	applicable state or federal law.
34	SECTION 20. IC 27-1-3-7, AS AMENDED BY P.L.278-2013,
35	SECTION 19, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
36	JULY 1, 2020]: Sec. 7. (a) The department may promulgate rules and
37	regulations for any of the following enumerated purposes:
38	(1) For the conduct of the work of the department.
39	(2) Prescribing the methods and standards to be used in making
40	the examinations and prescribing the forms of reports of the
41	several insurance companies to which IC 27-1 is applicable.
42	(3) Defining what is a safe or an unsafe manner and a safe or an

unsafe condition for conducting business by any insurance
company to which IC 27-1 is applicable.
(4) For the establishment of safe and sound methods for the
transaction of business by such insurance companies and for the
purpose of safeguarding the interests of policyholders, creditors,
and shareholders respecting the withdrawal or payment of funds
by any life insurance company in times of emergency. Any rule or
regulation promulgated under this subdivision may apply to one
(1) or more insurance companies as the department may determine.
(5) For the administration and termination of the affairs of any
such insurance company which is in involuntary liquidation or
whose business and property have been taken possession of by the department for the purpose of rehabilitation, liquidation,
conservation, or dissolution under IC 27-1.
(6) For the regulation of the solicitation or use of proxies, in
general and as they concern consents or authorizations, in respect
of securities issued by any domestic stock company for the
purpose of protecting investors by prescribing the form of proxies,
including such consents or authorizations, and by requiring
adequate disclosure of information relevant to such proxies,
including such consents or authorizations, and relevant to the
business to be transacted at any meeting of shareholders with
respect to which such proxies, including such consents or
authorizations, may be used, which regulations may, in general,
conform to those prescribed by the National Association of
Insurance Commissioners.
(7) For regulation related to a health benefit exchange established
under the federal Patient Protection and Affordable Care Act (P.L.
111-148), as amended by the federal Health Care and Education
Reconciliation Act of 2010 (P.L. 111-152), and operating in
Indiana.
(b) The department may adopt a rule under IC 4-22-2 to provide
reasonable simplification of the terms and coverage of individual and
group Medicare supplement accident and sickness insurance policies
and individual and group Medicare supplement subscriber contracts in
order to facilitate public understanding and comparison and to
eliminate provisions contained in those policies or contracts which may
be misleading or confusing in connection either with the purchase of
those coverages or with the settlement of claims and to provide for full
disclosure in the sale of those coverages.
(c) The department shall adopt rules concerning the

1	aufourcement of booldbooks billing acquirements in IC 1( 51.1
1 2	enforcement of health care billing requirements in IC 16-51-1. SECTION 21. IC 27-1-45 IS ADDED TO THE INDIANA CODE
2	
3 4	AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
4 5	JULY 1, 2020]:
	Chapter 45. Health Facility Compensation
6	Sec. 1. As used in this chapter, "covered individual" means an
7	individual who is entitled to be provided health care services at a
8	cost established according to a network plan.
9	Sec. 2. As used in this chapter, "facility" means an institution in
10	which health care services are provided to individuals. The term
11	includes:
12	(1) hospitals and other licensed ambulatory surgical centers;
13	and
14	(2) ambulatory outpatient surgical centers.
15	Sec. 3. As used in this chapter, "in network provider" means a
16 17	provider that is required under a network plan to provide health
	care services to covered individuals at not more than a
18	preestablished rate or amount of compensation.
19 20	Sec. 4. As used in this chapter, "network plan" means a plan
20 21	under which providers are required by contract to provide health
21 22	care services to covered individuals at not more than a
	preestablished rate or amount of compensation.
23 24	Sec. 5. As used in this chapter, "practitioner" means the
24 25	following:
25 26	(1) An individual licensed under IC 25 who provides
20 27	professional health care services to individuals in a facility.
27	(2) An organization:
28 29	(A) that consists of practitioners described in subdivision
29 30	(1); and (B) through which practitioners described in subdivision
30 31	(1) provide health care services.
32	(1) provide nearth care services. (3) An entity that:
33	(A) is not a facility; and
33 34	
35	(B) employs practitioners described in subdivision (1) to provide health care services.
36	Sec. 6. As used in this chapter, "provider" means:
30 37	(1) a facility; or
38	(1) a facility, of (2) a practitioner.
38 39	Sec. 7. (a) When a covered individual receives health care
40	services in a facility that is an in network provider, neither:
40 41	(1) the facility; nor
42	(2) a practitioner who provides health care services in the
- <b>⊤∠</b>	$(\omega)$ a practitioner who provides in altheory for services in the

1 facility; 2 may charge more for the health care services provided to the 3 covered individual than allowed according to the rate or amount 4 of compensation established by the individual's network plan. 5 (b) A facility that is an out of network provider or a practitioner 6 who provides health care services in the facility may charge more 7 for the health care services provided to the covered individual than 8 allowed according to the rate or amount of compensation 9 established by the individual's network plan if all of the following 10 conditions are met: 11 (1) At least five (5) days before the health care services are 12 scheduled to be provided to the covered individual, the facility 13 or practitioner provides to the covered individual, on a form 14 separate from any other form provided to the covered 15 individual by the facility or practitioner, a statement in 16 conspicuous type at least as large as fourteen (14) point type 17 that meets the following requirements: 18 (A) Includes a notice reading substantially as follows: 19 "[Name of facility or practitioner] intends to charge you 20 more for [name or description of health care services] than 21 allowed according to the rate or amount of compensation 22 established by the network plan applying to your coverage. 23 [Name of facility or practitioner] is not entitled to charge 24 this much for [name or description of health care services] 25 unless you give your written consent to the charge.". (B) Sets forth the facility's or practitioner's good faith 26 27 estimate of the amount that the facility or practitioner 28 intends to charge for the health care services provided to 29 the covered individual. 30 (C) Includes a notice reading substantially as follows 31 concerning the good faith estimate set forth under clause 32 (B): "The estimate of our intended charge for [name or 33 description of health care services] set forth in this 34 statement is provided in good faith and is our best estimate 35 of the amount we will charge.". 36 (2) The covered individual signs the statement provided under 37 subdivision (1), signifying the covered individual's consent to 38 the charge for the health care services being greater than 39 allowed according to the rate or amount of compensation 40 established by the network plan. 41 (c) If the charge of a facility or practitioner for health care 42 services provided to a covered individual exceeds the estimate

1	provided to the covered individual under subsection (b)(1)(B), the
2	facility or practitioner shall explain in a writing provided to the
3	covered individual why the charge exceeds the estimate.
4	Sec. 8. (a) The insurance commissioner may, after notice and
5	hearing under IC 4-21.5, impose on the provider facility a civil
6	penalty of not more than one thousand dollars (\$1,000) for each
7	violation of this chapter.
8	(b) A civil penalty collected under this section shall be deposited
9	in the department of insurance fund established by IC 27-1-3-28.
10	SECTION 22. IC 27-1-46 IS ADDED TO THE INDIANA CODE
11	AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
12	JULY 1, 2020]:
13	Chapter 46. Provider Facility Good Faith Estimates
14	Sec. 0.5. Nothing in this chapter prohibits:
15	(1) a self-funded health benefit plan that complies with the
16	federal Employee Retirement Income Security Act (ERISA)
17	of 1974 (29 U.S.C. 1001 et seq.); or
18	(2) a self-insurance program established to provide group
19	health coverage as described in IC 5-10-8-7(b), or a contract
20	for health services as described in IC 5-10-8-7(c);
21	from providing information requested by a practitioner or
22	provider facility under this chapter.
23	Sec. 1. As used in this chapter, "covered individual" means an
24	individual who is entitled to be provided health care services
25	according to a health carrier's network plan.
26	Sec. 1.5. As used in this chapter, "episode of care" means the
27	medical care ordered to be provided for a specific medical
28	procedure, condition, or illness.
29	Sec. 2. As used in this chapter, "good faith estimate" means a
30	reasonable estimate of the price a provider anticipates charging for
31	an episode of care for nonemergency health care services that:
32	(1) is made by a provider under this chapter upon the request
33	of the individual for whom the nonemergency health care
34	service has been ordered; and
35	(2) is not binding upon the provider.
36	Sec. 3. (a) As used in this chapter, "health carrier" means an
37	entity:
38	(1) that is subject to IC 27 and the administrative rules
39 40	adopted under IC 27; and
40	(2) that enters into a contract to:
41	<ul><li>(A) provide health care services;</li><li>(D) deliver health care services;</li></ul>
42	(B) deliver health care services;

1	(C) arrange for health care services; or
2	(D) pay for or reimburse any of the costs of health care
3	services.
4	(b) The term also includes the following:
5	(1) An insurer, as defined in IC 27-1-2-3(x), that issues a
6	policy of accident and sickness insurance, as defined in
7	IC 27-8-5-1(a).
8	(2) A health maintenance organization, as defined in
9	IC 27-13-1-19.
10	(3) An administrator (as defined in IC 27-1-25-1(a)) that is
11	licensed under IC 27-1-25.
12	(4) A state employee health plan offered under IC 5-10-8.
13	(5) A short term insurance plan (as defined by IC 27-8-5.9-3).
14	(6) Any other entity that provides a plan of health insurance,
15	health benefits, or health care services.
16	Sec. 4. As used in this chapter, "in network", when used in
17	reference to a provider, means that the health care services
18	provided by the provider are subject to a health carrier's network
19	plan.
20	Sec. 5. (a) As used in this chapter, "network" means a group of
21	provider facilities and practitioners that:
22	(1) provide health care services to covered individuals; and
23	(2) have agreed to, or are otherwise subject to, maximum
24	limits on the prices for the health care services to be provided
25	to the covered individuals.
26	(b) The term includes the following:
27	(1) A network described in subsection (a) that is established
28	pursuant to a contract between an insurer providing coverage
29	under a group health policy and:
30	(A) individual provider facilities and practitioners;
31	(B) a preferred provider organization; or
32	(C) an entity that employs or represents providers,
33	including:
34	(i) an independent practice association; and
35	(ii) a physician-hospital organization.
36	(2) A health maintenance organization, as defined in
37	IC 27-13-1-19.
38	Sec. 6. As used in this chapter, "network plan" means a plan of
39 40	a health carrier that:
40 41	(1) requires a covered person to receive; or
41 42	(2) creates incentives, including financial incentives, for a
42	covered person to receive;

1	health care services from one (1) or more providers that are under
2	contract with, managed by, or owned by the health carrier.
3	Sec. 7. As used in this chapter, "nonemergency health care
4	service" means a discrete service or series of services ordered by
5	a practitioner for an episode of care for the purpose of:
6	(1) diagnosis;
7	(2) prevention;
8	(3) treatment;
9	(4) cure; or
10	(5) relief;
11	of a physical, mental, or behavioral health condition, illness, injury,
12	or disease that is not provided on an emergency or urgent care
13	basis.
14	Sec. 8. As used in this chapter, "practitioner" means an
15	individual or entity duly licensed or legally authorized to provide
16	health care services.
17	Sec. 8.5. As used in this chapter, "price" means the negotiated
18	rate between the:
19	(1) provider facility and practitioner; and
20	(2) covered individual's primary health carrier.
21	Sec. 9. As used in this chapter, "provider" means:
22	(1) a provider facility; or
23	(2) a practitioner.
24	Sec. 10. As used in this chapter, "provider facility" means any of
25	the following:
26	(1) A hospital licensed under IC 16-21-2.
27	(2) An ambulatory outpatient surgery center licensed under
28	IC 16-21-2.
29	(3) An abortion clinic licensed under IC 16-21-2.
30	(4) A birthing center licensed under IC 16-21-2.
31	(5) Except for an urgent care facility, a facility that provides
32	diagnostic services to the medical profession or the general
33	public, including outpatient facilities.
34	(6) A laboratory where clinical pathology tests are carried out
35	on specimens to obtain information about the health of a
36	patient.
37	(7) A facility where radiologic and electromagnetic images are
38	made to obtain information about the health of a patient.
39 40	(8) An infusion center that administers intravenous
40	medications.
41	Sec. 10.5. (a) As used in this chapter, "urgent care facility"
42	means a freestanding health care facility that offers episodic,

1	walk-in care for the treatment of acute, but not life threatening,
2	health conditions.
3	(b) The term does not include an emergency department of a
4	hospital or a nonprofit or government operated health clinic.
5	Sec. 11. (a) This section does not:
6	(1) apply to a individual who is a Medicaid recipient; or
7	(2) limit the authority of a legal representative of the patient.
8	(b) An individual for whom a nonemergency health care service
9	has been ordered may request from the provider facility in which
10	the health care service will be provided a good faith estimate of the
11	price that will be charged as a result of the nonemergency health
12	care service.
13	(c) A provider facility that receives a request from an individual
14	under subsection (b) shall, not more than five (5) business days
15	after receiving all the relevant information from the individual,
16	provide to the individual a good faith estimate of:
17	(1) the price that the provider facility in which the health care
18	service will be performed will charge for:
19	(A) the use of the provider facility to care for the
20	individual for the nonemergency health care service;
21	(B) the services rendered by the staff of the provider
22	facility in connection with the nonemergency health care
23	service; and
24	(C) medication, supplies, equipment, and material items to
25	be provided to or used by the individual while the
26	individual is present in the provider facility in connection
27	with the nonemergency health care service; and
28	(2) the price charged for the services of all practitioners,
29	support staff, and other persons who provide professional
30	health services:
31	(A) who may provide services to or for the individual
32	during the individual's presence in the provider facility for
33	the nonemergency health care service; and
34	(B) for whose services the individual will be charged
35	separately from the charge of the provider facility.
36	(d) The price that must be included in a good faith estimate
37	under this section includes all services under subsection (c)(1) or
38	(c)(2) for imaging, laboratory services, diagnostic services, therapy,
39	observation services, and other services expected to be provided to
40	the individual for the episode of care.
41	(e) A provider facility shall ensure that a good faith estimate
42	states that:

1	(1) an estimate provided under this section is not binding on
2	the provider facility;
2	(2) the price the provider facility charges the individual may
4	vary from the estimate based on the individual's medical
5	needs; and
6	(3) the estimate provided under this section is only valid for
7	thirty (30) days.
8	(f) A provider facility may not charge a patient for information
9	provided under this section.
10	Sec. 12. (a) If:
11	(1) the individual who requests a good faith estimate from a
12	provider facility under this chapter and has been verified as
13	a covered individual with respect to a network plan; and
14	(2) the provider facility from which the individual requests
15	the good faith estimate is in network with respect to the same
16	network plan;
17	the good faith estimate that the provider facility provides to the
18	individual under this chapter must be based on the price to which
19	the provider facility and any practitioners referred to in section
20	11(c)(2) of this chapter have agreed as in network providers.
21	(b) If the individual who requests a good faith estimate from a
22	provider facility under this chapter:
23	(1) is not a covered individual with respect to any network
24	plan; or
25	(2) is not a covered individual with respect to a network plan
26	with respect to which the provider facility is in network;
27	the good faith estimate that the provider facility provides to the
28	individual under this chapter must be based on the price that the
29	provider facility and any practitioners referred to in section
30	11(c)(2) of this chapter charge for the nonemergency health care
31	services in the absence of any network plan.
32	Sec. 13. A provider facility may provide a good faith estimate to
33	an individual under this chapter:
34	(1) in a writing delivered to the individual;
35	(2) by electronic mail; or
36	(3) through a mobile application or other Internet web based
37	method, if available;
38	according to the preference expressed by the individual.
39	Sec. 14. (a) A good faith estimate provided by a provider facility
40	to an individual under this chapter must:
41	(1) provide a summary of the services and material items that
42	the good faith estimate is based on; and

1	(2) include a total figure that is a sum of the estimated prices
2	referred to in subdivision (1).
3	(b) Subsection (a) does not prohibit a provider facility from
4	providing to an individual a good faith estimate that indicates how
5	much of the total figure stated under subsection (a)(2) will be the
6	individual's out-of-pocket expense after the health carrier's
7	payment of charges.
8	(c) A health carrier or practitioner must provide a provider
9	facility with the information needed by the provider facility to
10	comply with the requirements under this chapter not more than
11	two (2) business days after receiving the request.
12	(d) A provider facility is not subject to the penalties under
13	section 17 of this chapter if:
14	(1) a health carrier or practitioner fails to provide the
15	provider facility with the information as required under
16	subsection (c);
17	(2) the provider facility provides the individual with a good
18	faith estimate based on any information that the provider
19	facility has; and
20	(3) the provider facility provides the individual with an
21	updated good faith estimate after the health carrier or
22	practitioner has provided the information required under
23	subsection (c).
24	Sec. 15. (a) As used in this section, "waiting room" means a
25	space in a building used by a provider facility in which people
26	check in or register to:
27	(1) be seen by practitioners; or
28	(2) meet with members of the staff of the provider facility.
29	(b) A provider facility shall ensure that each waiting room of the
30	provider facility includes at least one (1) printed notice that:
31	(1) is designed, lettered, and positioned within the waiting
32	room so as to be conspicuous to and readable by any
33	individual with normal vision who visits the waiting room;
34	and
35	(2) states the following, or words to the same effect: "A
36	patient may ask for an estimate of the amount the patient will
37	be charged for a nonemergency medical service provided in
38	this facility. The law requires that an estimate be provided
39	within 5 business days.".
40	(c) If a provider facility maintains an Internet web site, the
41	provider facility shall ensure that the Internet web site includes at
42	least one (1) printed notice that:

1	(1) is designed, lettered, and featured on the Internet web site
2	so as to be conspicuous to and readable by any individual with
3	normal vision who visits the Internet web site; and
4	(2) states the following, or words to the same effect: "A
5	patient may ask for an estimate of the amount the patient will
6	be charged for a nonemergency medical service provided in
7	our facility. The law requires that an estimate be provided
8	within 5 business days.".
9	Sec. 16. If:
10	(1) a provider facility receives a request for a good faith
11	estimate under this chapter; and
12	(2) the patient is eligible for Medicare coverage;
13	the provider facility shall provide a good faith estimate to the
14	patient within five (5) business days based on available Medicare
15	rates.
16	Sec. 17. (a) If a provider facility fails or refuses:
17	(1) to provide a good faith estimate as required by this
18	chapter; or
19	(2) to provide notice on the provider facility's Internet web
20	site as required under this chapter;
21	the insurance commissioner may, after notice and hearing under
22	IC 4-21.5, impose on the provider facility a civil penalty of not
23	more than one thousand dollars (\$1,000) for each violation.
24	(b) A civil penalty collected under this section shall be deposited
25	in the department of insurance fund established by IC 27-1-3-28.
26	SECTION 23. IC 27-2-25 IS ADDED TO THE INDIANA CODE
27	AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE
28	JULY 1, 2020]:
29	Chapter 25. Health Carrier Good Faith Estimates
30	Sec. 1. As used in this chapter, "coverage" means the right of an
31	individual to receive:
32	(1) health care services; or
33	(2) payment or reimbursement for health care services;
34	from a health carrier.
35	Sec. 2. As used in this chapter, "covered individual" means an
36	individual who is entitled to coverage from a health carrier.
37	Sec. 2.5. As used in this chapter, "episode of care" means the
38	medical care ordered to be provided for a specific medical
39	procedure, condition, or illness.
40	Sec. 3. As used in this chapter, "good faith estimate" means a
41	health carrier's reasonable estimate of:
42	(1) the amount of the cost of a nonemergency health care

1	service that the health carrier will:
2	(A) pay for; or
3	(B) reimburse to;
4	a covered individual; or
5	(2) the applicable benefit limitations of the nonemergency
6	health care service a covered individual is entitled to receive;
7	that a health carrier provides upon request to a covered individual
8	for whom a nonemergency health care service has been ordered.
9	Sec. 4. (a) As used in this chapter, "health carrier" means an
10	entity:
11	(1) that is subject to this title and the administrative rules
12	adopted under this title; and
13	(2) that enters into a contract to:
14	(A) provide health care services;
15	(B) deliver health care services;
16	(C) arrange for health care services; or
17	(D) pay for or reimburse any of the costs of health care
18	services.
19	(b) The term also includes the following:
20	(1) An insurer, as defined in IC 27-1-2-3(x), that issues a
21	policy of accident and sickness insurance, as defined in
22	IC 27-8-5-1(a).
23	(2) A health maintenance organization, as defined in
24	IC 27-13-1-19.
25	(3) An administrator (as defined in IC 27-1-25-1(a)) that is
26	licensed under IC 27-1-25.
27	(4) A state employee health plan offered under IC 5-10-8.
28	(5) A short term insurance plan (as defined by IC 27-8-5.9-3).
29	(6) Any other entity that provides a plan of health insurance,
30	health benefits, or health care services.
31	Sec. 5. As used in this chapter, "in network", when used in
32	reference to a practitioner, means that the health care services
33	provided by the practitioner are subject to a health carrier's
34	network plan.
35	Sec. 6. (a) As used in this chapter, "network" means a group of
36	provider facilities and practitioners that:
37	(1) provide health care services to covered individuals; and
38	(2) have agreed to, or are otherwise subject to, maximum
39	limits on the prices for the health care services to be provided
40	to the covered individuals.
41	(b) The term includes the following:
42	(1) A network described in subsection (a) that is established

1	pursuant to a contract between an insurer providing coverage
2	under a group health policy and:
3	(A) individual provider facilities and practitioners;
4	(B) a preferred provider organization; or
5	(C) an entity that employs or represents providers,
6	including:
7	(i) an independent practice association; and
8	(ii) a physician-hospital organization.
9	(2) A health maintenance organization, as defined in
10	IC 27-13-1-19.
11	Sec. 7. As used in this chapter, "network plan" means a plan of
12	a health carrier that:
13	(1) requires a covered person to receive; or
14	(2) creates incentives, including financial incentives, for a
15	covered person to receive;
16	health care services from one (1) or more providers that are under
17	contract with, managed by, or owned by the health carrier.
18	Sec. 8. As used in this chapter, "nonemergency health care
19	service" means a discrete service or series of services ordered by
20	a practitioner for an episode of care for the:
21	(1) diagnosis;
22	(2) prevention;
23	(3) treatment;
24	(4) cure; or
25	(5) relief;
26	of a physical, mental, or behavioral health condition, illness, injury,
27	or disease that is not provided on an emergency or urgent care
28	basis.
29	Sec. 9. As used in this chapter, "practitioner" means an
30	individual or entity duly licensed or legally authorized to provide
31	health care services.
32	Sec. 9.5. As used in this chapter, "price" means the negotiated
33	rate between the:
34	(1) provider facility and practitioner; and
35	(2) covered individual's primary health carrier;
36	minus the amount that the health carrier will pay.
37	Sec. 10. As used in this chapter, "provider" means:
38	(1) a provider facility; or
39	(2) a practitioner.
40	Sec. 11. As used in this chapter, "provider facility" means any of
41	the following:
42	(1) A hospital licensed under IC 16-21-2.

1	(2) An ambulatory outpatient surgery center licensed under
2	IC 16-21-2.
3	(3) An abortion clinic licensed under IC 16-21-2.
4	(4) A birthing center licensed under IC 16-21-2.
5	(5) Except for an urgent care facility (as defined by
6	IC 27-1-46-10.5), a facility that provides diagnostic services to
7	the medical profession or the general public.
8	(6) A laboratory where clinical pathology tests are carried out
9	on specimens to obtain information about the health of a
10	patient.
11	(7) A facility where radiologic and electromagnetic images are
12	made to obtain information about the health of a patient.
13	(8) An infusion center that administers intravenous
14	medications.
15	Sec. 12. (a) A covered individual for whom a nonemergency
16	health care service has been ordered may request from the health
17	carrier a good faith estimate of:
18	(1) the amount of the cost of the nonemergency health care
19	service that the health carrier will:
20	(A) pay for; or
21	(B) reimburse to;
22	the covered individual; or
23	(2) the applicable benefit limitations of the ordered
24	nonemergency health care service a covered individual is
25	entitled to receive from the health carrier.
26	(b) If:
27	(1) a health carrier provides coverage to a covered individual
28	through a network plan; and
29	(2) the health carrier receives a request for a good faith
30	estimate from a covered individual for whom a nonemergency
31	health care service has been ordered;
32	the health carrier shall inform the covered individual whether the
33	provider facility in which the nonemergency health care service
34	will be provided is in network and whether each scheduled
35	practitioner who may provide the nonemergency health care
36	service is in network.
37	(c) A health carrier that receives a request from a covered
38	individual patient under subsection (b) shall, not more than five (5)
39	business days after receiving all the relevant information, provide
40	to the individual a good faith estimate as described in section 14 of
41	this chapter.
42	(d) A health carrier must ensure that a good faith estimate

1	states that the estimate provided under this section is only valid for
2	thirty (30) days and that:
2	(1) the amount that the health carrier will:
4	(A) pay; or
5	(B) reimburse;
6	for or to the covered individual for the nonemergency health
7	care services the individual receives; and
8	(2) the applicable benefit limitations of the nonemergency
9	health care services the individual will receive;
10	may vary from the health carrier's good faith estimate based on
11	the individual's medical needs.
12	(e) A health carrier may not charge an individual for
13	information provided under this section.
14	(f) A practitioner and provider facility shall provide a health
15	carrier with the information needed by the health carrier to
16	comply with the requirements under this chapter not more than
17	two (2) business days after receiving the request.
18	Sec. 13. A health carrier may provide a good faith estimate to an
19	individual under this chapter:
20	(1) in a writing delivered to the individual;
21	(2) by electronic mail; or
22	(3) through a mobile application or other Internet web based
23	method, if available;
24	according to the preference expressed by the individual.
25	Sec. 14. (a) A good faith estimate provided by a health carrier
26	to an individual under this chapter must:
27	(1) in the case of an insurer or another health carrier that
28	pays or reimburses the cost of health care services:
29	(A) provide a summary of the services and material items
30	that the good faith estimate is based on;
31	(B) include a total figure that is a sum of the amounts
32	referred to in clause (A); and
33	(C) state the out-of-pocket costs the covered individual will
34	incur, if any, beyond the amount that the health carrier
35	will pay or reimburse; and
36	(2) in the case of a health maintenance organization or
37	another health carrier that provides health care services:
38	(A) provide a summary of the applicable benefit limitations
39 40	of the health care services to which the covered individual
40	is entitled; and
41	(B) state the out-of-pocket costs the covered individual will
42	incur, if any, beyond being provided the health care

1	services referred to in clause (A).
2	(b) A practitioner and provider facility shall provide a health
3	carrier with the information needed by the health carrier to
4	comply with the requirements under this chapter not more than
5	two (2) business days after receiving the request.
6	(c) A health carrier is not subject to the penalties under section
7	16 of this chapter if:
8	(1) a provider facility or practitioner fails to provide the
9	health carrier with the information as required under
10	subsection (b);
11	(2) the health carrier provides the individual with a good faith
12	estimate based on any information that the health carrier has;
13	and
14	(3) the health carrier provides the individual with an updated
15	good faith estimate after the provider facility or practitioner
16	has provided the information required under subsection (b).
17	Sec. 15. A health carrier that provides an Internet web site for
18	the use of its covered individuals shall ensure that the Internet web
19	site includes a printed notice that:
20	(1) is designed, lettered, and featured on the Internet web site
21	so as to be conspicuous to and readable by any individual with
22	normal vision who visits the Internet web site; and
23	(2) states the following, or words to the same effect: "A
24	covered individual may at any time ask the health carrier for
25	an estimate of the amount the health carrier will pay for or
26	reimburse to a covered individual for nonemergency health
27	care services that have been ordered for the covered
28	individual or the applicable benefit limitations of the ordered
29	nonemergency health care services a covered individual is
30	entitled to receive from the health carrier. The law requires
31	that an estimate be provided within 5 business days.".
32	Sec. 16. (a) If a health carrier fails or refuses:
33	(1) to provide a good faith estimate as required by this
34	chapter; or
35	(2) to provide notice on the health carrier's Internet web site
36	as required by section 15 of this chapter;
37	the insurance commissioner may, after notice and hearing under
38	IC 4-21.5, impose on the health carrier a civil penalty of not more
39 40	than one thousand dollars (\$1,000) for each day of noncompliance.
40	(b) A civil penalty collected under this section shall be deposited
41	in the department of insurance fund established by IC 27-1-3-28.
42	SECTION 24. [EFFECTIVE JULY 1, 2020] (a) As used in this

1	SECTION, "department" refers to the department of insurance.
2	(b) The following shall submit, before September 1, 2021, a
3	report described in this SECTION to the department and the
4	general assembly in an electronic format under IC 5-14-6:
5	(1) An insurer (as defined in IC 27-1-2-3) that issues a policy
6	of accident and sickness insurance (as defined in IC 27-8-5-1).
7	(2) A health maintenance organization (as defined in
8	IC 27-13-1-19).
9	(c) The report must include an estimate of the total reduction in
10	reimbursement for health service claims that were appropriately
11	billed as being provided in an office setting under IC 16-51-1-9, as
12	added by this act, instead of being billed as being provided in an
13	institutional setting.
14	(d) This SECTION expires December 31, 2021.
	(Reference is to HB 1004 as printed January 24, 2020.)

and when so amended that said bill do pass .

Committee Vote: Yeas 8, Nays 4.

## Senator Charbonneau, Chairperson

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2020

AM 100405/DI 104

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