

IN THE HOUSE OF REPRESENTATIVES

HOUSE BILL NO. 341

BY HEALTH AND WELFARE COMMITTEE

AN ACT

RELATING TO THE NO SURPRISES ACT; AMENDING TITLE 41, IDAHO CODE, BY THE ADDITION OF A NEW CHAPTER 66, TITLE 41, IDAHO CODE, TO PROVIDE A SHORT TITLE, TO PROVIDE LEGISLATIVE INTENT, TO DEFINE TERMS, TO ESTABLISH PROVISIONS REGARDING BILLING BY HEALTH CARE PROVIDERS IN CERTAIN FACILITIES, AND TO PROVIDE APPLICABILITY FOR SELF-FUNDED PLANS.

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

SECTION 1. That Title 41, Idaho Code, be, and the same is hereby amended by the addition thereto of a NEW CHAPTER, to be known and designated as Chapter 66, Title 41, Idaho Code, and to read as follows:

CHAPTER 66
NO SURPRISES ACT

41-6601. SHORT TITLE. This chapter shall be known and may be cited as the "No Surprises Act."

41-6602. LEGISLATIVE INTENT. In enacting this chapter, it is the intent of the legislature to protect patients covered by a health benefit plan from surprise billing practices by certain health care providers.

41-6603. DEFINITIONS. As used in this chapter:

(1) "Contracted facility" means a facility as defined in section 41-5903, Idaho Code, that has a contract with the patient's health benefit plan regarding pricing of health care services.

(2) "Contracted provider" means a provider that has a contract with the patient's health benefit plan regarding pricing of health care services.

(3) "Health benefit plan" shall have the same meaning as provided in section 41-5903, Idaho Code.

(4) "Provider" means a provider of health care services.

41-6604. BILLING BY PROVIDERS IN CONTRACTED FACILITIES. (1) If a patient is covered by a health benefit plan, then a provider shall not bill or seek reimbursement for services rendered to the patient in a contracted facility for amounts that exceed the amounts set forth in paragraphs (a) and (b) of this subsection:

(a) Payment by the patient's health benefit plan for a covered service of the amount the health benefit plan would pay a contracted provider for the same services at the same time in the same geographic area; and

(b) Payment by the patient of the amount of the patient's coinsurance, deductible, and copayment for a contracted provider at the contracted facility under the patient's health benefit plan.

1 (2) The patient's health benefit plan shall pay the amounts described
2 in subsection (1) (a) of this section directly to the provider. Upon receipt
3 of written request from the provider to the director, the director is autho-
4 rized to inquire of the patient's health benefit plan to verify whether or
5 not the amount paid by the provider is consistent with subsection (1) of this
6 section and so advise the provider in writing.

7 (3) Any provision in a consent form or other agreement that purports to
8 permit a provider to bill or seek reimbursement for amounts in excess of the
9 amounts permitted under this chapter is void and unenforceable.

10 (4) Any billing made in violation of this chapter shall be void and un-
11 enforceable. Any provider who violates this chapter shall reimburse the pa-
12 tient for any attorney's fees and costs the patient incurs to challenge the
13 provider's actions or to defend against the provider's attempts to collect
14 the bill or seek reimbursement in violation of this chapter.

15 41-6605. SELF-FUNDED PLAN PARTICIPATION. The provisions of this chap-
16 ter apply to a self-funded group health plan governed by the provisions of
17 the federal employee retirement income security act of 1974, 29 U.S.C. 1001
18 et seq., or to a self-funded plan exempt from the provisions of title 41,
19 Idaho Code, only if the plan elects to participate in the provisions of this
20 chapter. To elect to participate in this chapter, the plan shall provide no-
21 tice, on an annual basis, to the director in a manner prescribed by the di-
22 rector, attesting to the plan's participation and agreeing to be bound by
23 the provisions of this chapter. At least once annually, the director shall
24 post a list on the department's website of those self-funded plans that have
25 elected to participate in the provisions of this chapter. An entity admin-
26 istering a plan that elects to participate under this chapter shall comply
27 with the provisions of this chapter but shall not be considered a carrier
28 or health benefit plan subject to the jurisdiction of the director solely by
29 virtue of an election made under this chapter.