

STATEMENT OF PURPOSE

RS26011

This medical services consumer protection bill, known as the "Health Care Billing Equity Act," protects patients who receive health care services in an in-network hospital, under their insurance plan, from being billed extra for out-of-network provider services. Patients admitted to a hospital for emergency or elective services with the understanding that it is a facility covered under their insurance policy are sometimes surprised to receive billings from out-of-network providers for care without the patient's consent. This bill would preclude that practice except for elective care under certain conditions. In emergency situations, the out-of-network provider would be paid a specified rate by the patient's insurance plan and prohibited from billing the patient for anything more than the normal deductible or copay required under the policy. In elective situations, the out-of-network provider may balance bill if an agreement for such service is signed by the patient prior to the day of admission.

FISCAL NOTE

There is no fiscal impact to the General Fund as this measure does not require any governmental expenditures.

Contact:

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DISCLAIMER: This statement of purpose and fiscal note are a mere attachment to this bill and prepared by a proponent of the bill. It is neither intended as an expression of legislative intent nor intended for any use outside of the legislative process, including judicial review (Joint Rule 18).