

## STATEMENT OF PURPOSE

RS27717 / H0506

This legislation prohibits the practice of surprise medical billing, which occurs when a consumer receives care at an in-network facility but is unknowingly billed for charges, beyond what is covered by insurance, by an out-of-network provider. This legislation protects consumers by making surprise medical bills void and unenforceable. It allows out-of-network providers to benefit from and be reimbursed at the same rate negotiated by contracted providers. For non-emergency treatment it allows out-of-network providers to contract with patients in advance for amounts beyond what insurance will cover. It permits self-insured businesses whose plans are governed by federal law to benefit from these protections if their plan elects to participate.

## FISCAL NOTE

This legislation will have no impact to the General Fund or any local unit of government. The Department of Insurance can comply with this chapter using existing department resources.

### 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).