



January 24, 2020

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## HOUSE BILL No. 1005

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DIGEST OF HB 1005 (Updated January 22, 2020 7:52 pm - DI 77)

**Citations Affected:** IC 5-14; IC 12-26; IC 16-18; IC 16-21; IC 16-24.5; IC 16-51; IC 25-22.5; IC 27-1; IC 27-2; IC 27-4; IC 36-2.

**Synopsis:** Health and insurance matters. Provides that a facility is an off-campus location of a hospital if: (1) the operations of the facility are directly or indirectly owned or controlled by, or affiliated with, the hospital; (2) the facility provides services that are organizationally and functionally integrated with the services of the hospital; and (3) the facility provides preventive services, diagnostic services, treatment services, or emergency services. Requires hospitals, ambulatory surgical outpatient centers, and urgent care facilities to post certain health care services pricing information by billing code on the hospital's Internet web site and sets forth requirements. Requires: (1) a provider facility (including a hospital) in which a nonemergency health care service will be performed; or (2) a practitioner (including a physician) who will perform a nonemergency health care service; upon request from the individual for whom the nonemergency health care service has been ordered, scheduled, or referred, to provide a good faith estimate of the price for the nonemergency health care service not more than three business days after receiving the individual's request. Requires a provider facility or practitioner to include address of the service facility location to obtain reimbursement for a commercial claim for health care services. Requires the state department of health to implement a centralized credentials verification organization and  
(Continued next page)

**Effective:** Upon passage; July 1, 2020.

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**Schaibley, Lehman, Carbaugh,  
Shackleford**

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January 6, 2020, read first time and referred to Committee on Public Health.  
January 23, 2020, amended, reported — Do Pass.

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HB 1005—LS 6902/DI 104



## Digest Continued

credentialing process. Requires a health carrier (including an insurer or a health maintenance organization) to provide to an individual who is entitled to coverage from the health carrier, not more than three business days after the individual requests the information, a good faith estimate of: (1) the amount of the cost of the nonemergency health care service that the health carrier will pay for or reimburse to the covered individual; or (2) the extent and nature of the ordered nonemergency health care service a covered individual is entitled to receive. Requires the department of insurance to submit a request for information and a request for proposal concerning the establishment and implementation of an all payer claims data base and sets forth requirements. Provides that if a health carrier provides coverage to the individual through a network plan, the health carrier shall inform the individual whether the provider facility in which the nonemergency health care service will be provided and the practitioners who will provide the nonemergency health care service are included in the health carrier's network plan. Requires provider facilities to post signs in waiting rooms and to provide Internet web site notices about the availability of estimates of the amount the patient will be charged for medical services. Requires practitioners to provide notice about the availability of estimates of the amount the patient will be charged for medical services when the practitioner has ordered, scheduled, or referred the individual for a nonemergency health care service. Requires health carriers to provide Internet web site notices about the availability of good faith estimates of coverage for nonemergency health care services. Provides penalties for noncompliance by provider facilities, practitioners, and health carriers. Requires an insurance producer to disclose commission information. Prohibits health provider contracts and contracts between a provider and a pharmacy benefits manager from including provisions that prohibit the disclosure of health care service claims data to employers providing the health coverage and makes a violation an unfair and deceptive act.

**HB 1005—LS 6902/DI 104**



January 24, 2020

Second Regular Session of the 121st General Assembly (2020)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in *this style type*, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2019 Regular Session of the General Assembly.

## HOUSE BILL No. 1005

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A BILL FOR AN ACT to amend the Indiana Code concerning health.

*Be it enacted by the General Assembly of the State of Indiana:*

- 1 SECTION 1. IC 5-14-3-2, AS AMENDED BY P.L.85-2017,  
2 SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
3 JULY 1, 2020]: Sec. 2. (a) The definitions set forth in this section apply  
4 throughout this chapter.  
5 (b) "Copy" includes transcribing by handwriting, photocopying,  
6 xerography, duplicating machine, duplicating electronically stored data  
7 onto a disk, tape, drum, or any other medium of electronic data storage,  
8 and reproducing by any other means.  
9 (c) "Criminal intelligence information" means data that has been  
10 evaluated to determine that the data is relevant to:  
11 (1) the identification of; and  
12 (2) the criminal activity engaged in by;  
13 an individual who or organization that is reasonably suspected of  
14 involvement in criminal activity.  
15 (d) "Direct cost" means one hundred five percent (105%) of the sum

**HB 1005—LS 6902/DI 104**



- 1 of the cost of:
- 2 (1) the initial development of a program, if any;
- 3 (2) the labor required to retrieve electronically stored data; and
- 4 (3) any medium used for electronic output;
- 5 for providing a duplicate of electronically stored data onto a disk, tape,
- 6 drum, or other medium of electronic data retrieval under section 8(g)
- 7 of this chapter, or for reprogramming a computer system under section
- 8 6(c) of this chapter.
- 9 (e) "Electronic map" means copyrighted data provided by a public
- 10 agency from an electronic geographic information system.
- 11 (f) "Enhanced access" means the inspection of a public record by a
- 12 person other than a governmental entity and that:
- 13 (1) is by means of an electronic device other than an electronic
- 14 device provided by a public agency in the office of the public
- 15 agency; or
- 16 (2) requires the compilation or creation of a list or report that does
- 17 not result in the permanent electronic storage of the information.
- 18 (g) "Facsimile machine" means a machine that electronically
- 19 transmits exact images through connection with a telephone network.
- 20 (h) "Inspect" includes the right to do the following:
- 21 (1) Manually transcribe and make notes, abstracts, or memoranda.
- 22 (2) In the case of tape recordings or other aural public records, to
- 23 listen and manually transcribe or duplicate, or make notes,
- 24 abstracts, or other memoranda from them.
- 25 (3) In the case of public records available:
- 26 (A) by enhanced access under section 3.5 of this chapter; or
- 27 (B) to a governmental entity under section 3(c)(2) of this
- 28 chapter;
- 29 to examine and copy the public records by use of an electronic
- 30 device.
- 31 (4) In the case of electronically stored data, to manually transcribe
- 32 and make notes, abstracts, or memoranda or to duplicate the data
- 33 onto a disk, tape, drum, or any other medium of electronic
- 34 storage.
- 35 (i) "Investigatory record" means information compiled in the course
- 36 of the investigation of a crime.
- 37 (j) "Law enforcement activity" means:
- 38 (1) a traffic stop;
- 39 (2) a pedestrian stop;
- 40 (3) an arrest;
- 41 (4) a search;
- 42 (5) an investigation;



- 1 (6) a pursuit;  
 2 (7) crowd control;  
 3 (8) traffic control; or  
 4 (9) any other instance in which a law enforcement officer is  
 5 enforcing the law.
- 6 The term does not include an administrative activity, including the  
 7 completion of paperwork related to a law enforcement activity, or a  
 8 custodial interrogation conducted in a place of detention as described  
 9 in Indiana Evidence Rule 617, regardless of the ultimate admissibility  
 10 of a statement made during the custodial interrogation.
- 11 (k) "Law enforcement recording" means an audio, visual, or  
 12 audiovisual recording of a law enforcement activity captured by a  
 13 camera or other device that is:  
 14 (1) provided to or used by a law enforcement officer in the scope  
 15 of the officer's duties; and  
 16 (2) designed to be worn by a law enforcement officer or attached  
 17 to the vehicle or transportation of a law enforcement officer.
- 18 (l) "Offender" means a person confined in a penal institution as the  
 19 result of the conviction for a crime.
- 20 (m) "Patient" has the meaning set out in IC 16-18-2-272(d).
- 21 (n) "Person" means an individual, a corporation, a limited liability  
 22 company, a partnership, an unincorporated association, or a  
 23 governmental entity.
- 24 (o) "Private university police department" means the police officers  
 25 appointed by the governing board of a private university under  
 26 IC 21-17-5.
- 27 (p) "Provider" has the meaning set out in ~~IC 16-18-2-295(b)~~  
 28 **IC 16-18-2-295(c)** and includes employees of the state department of  
 29 health or local boards of health who create patient records at the  
 30 request of another provider or who are social workers and create  
 31 records concerning the family background of children who may need  
 32 assistance.
- 33 (q) "Public agency", except as provided in section 2.1 of this  
 34 chapter, means the following:  
 35 (1) Any board, commission, department, division, bureau,  
 36 committee, agency, office, instrumentality, or authority, by  
 37 whatever name designated, exercising any part of the executive,  
 38 administrative, judicial, or legislative power of the state.  
 39 (2) Any:  
 40 (A) county, township, school corporation, city, or town, or any  
 41 board, commission, department, division, bureau, committee,  
 42 office, instrumentality, or authority of any county, township,



- 1 school corporation, city, or town;  
 2 (B) political subdivision (as defined by IC 36-1-2-13); or  
 3 (C) other entity, or any office thereof, by whatever name  
 4 designated, exercising in a limited geographical area the  
 5 executive, administrative, judicial, or legislative power of the  
 6 state or a delegated local governmental power.
- 7 (3) Any entity or office that is subject to:  
 8 (A) budget review by either the department of local  
 9 government finance or the governing body of a county, city,  
 10 town, township, or school corporation; or  
 11 (B) an audit by the state board of accounts that is required by  
 12 statute, rule, or regulation.
- 13 (4) Any building corporation of a political subdivision that issues  
 14 bonds for the purpose of constructing public facilities.
- 15 (5) Any advisory commission, committee, or body created by  
 16 statute, ordinance, or executive order to advise the governing  
 17 body of a public agency, except medical staffs or the committees  
 18 of any such staff.
- 19 (6) Any law enforcement agency, which means an agency or a  
 20 department of any level of government that engages in the  
 21 investigation, apprehension, arrest, or prosecution of alleged  
 22 criminal offenders, such as the state police department, the police  
 23 or sheriff's department of a political subdivision, prosecuting  
 24 attorneys, members of the excise police division of the alcohol  
 25 and tobacco commission, conservation officers of the department  
 26 of natural resources, gaming agents of the Indiana gaming  
 27 commission, gaming control officers of the Indiana gaming  
 28 commission, and the security division of the state lottery  
 29 commission.
- 30 (7) Any license branch operated under IC 9-14.1.
- 31 (8) The state lottery commission established by IC 4-30-3-1,  
 32 including any department, division, or office of the commission.
- 33 (9) The Indiana gaming commission established under IC 4-33,  
 34 including any department, division, or office of the commission.
- 35 (10) The Indiana horse racing commission established by IC 4-31,  
 36 including any department, division, or office of the commission.
- 37 (11) A private university police department. The term does not  
 38 include the governing board of a private university or any other  
 39 department, division, board, entity, or office of a private  
 40 university.
- 41 (r) "Public record" means any writing, paper, report, study, map,  
 42 photograph, book, card, tape recording, or other material that is



1 created, received, retained, maintained, or filed by or with a public  
 2 agency and which is generated on paper, paper substitutes,  
 3 photographic media, chemically based media, magnetic or machine  
 4 readable media, electronically stored data, or any other material,  
 5 regardless of form or characteristics.

6 (s) "Standard-sized documents" includes all documents that can be  
 7 mechanically reproduced (without mechanical reduction) on paper  
 8 sized eight and one-half (8 1/2) inches by eleven (11) inches or eight  
 9 and one-half (8 1/2) inches by fourteen (14) inches.

10 (t) "Trade secret" has the meaning set forth in IC 24-2-3-2.

11 (u) "Work product of an attorney" means information compiled by  
 12 an attorney in reasonable anticipation of litigation. The term includes  
 13 the attorney's:

- 14 (1) notes and statements taken during interviews of prospective  
 15 witnesses; and
- 16 (2) legal research or records, correspondence, reports, or  
 17 memoranda to the extent that each contains the attorney's  
 18 opinions, theories, or conclusions.

19 This definition does not restrict the application of any exception under  
 20 section 4 of this chapter.

21 SECTION 2. IC 12-26-2-5, AS AMENDED BY P.L.1-2007,  
 22 SECTION 126, IS AMENDED TO READ AS FOLLOWS  
 23 [EFFECTIVE JULY 1, 2020]: Sec. 5. (a) This section applies under the  
 24 following statutes:

- 25 (1) IC 12-26-6.
- 26 (2) IC 12-26-7.
- 27 (3) IC 12-26-12.
- 28 (4) IC 12-26-15.

29 (b) A petitioner may be represented by counsel.

30 (c) The court may appoint counsel for a petitioner upon a showing  
 31 of the petitioner's indigency and the court shall pay for such counsel if  
 32 appointed.

33 (d) A petitioner, including a petitioner who is a health care provider  
 34 under ~~IC 16-18-2-295(b)~~, **IC 16-18-2-295(c)**, in the petitioner's  
 35 individual capacity or as a corporation is not required to be represented  
 36 by counsel. If a petitioner who is a corporation elects not to be  
 37 represented by counsel, the individual representing the corporation at  
 38 the commitment hearing must present the court with written  
 39 authorization from:

- 40 (1) an officer;
- 41 (2) a director;
- 42 (3) a principal; or



1 (4) a manager;  
 2 of the corporation that authorizes the individual to represent the interest  
 3 of the corporation in the proceedings.

4 (e) The petitioner is required to prove by clear and convincing  
 5 evidence that:

6 (1) the individual is mentally ill and either dangerous or gravely  
 7 disabled; and

8 (2) detention or commitment of that individual is appropriate.

9 SECTION 3. IC 16-18-2-88.3 IS ADDED TO THE INDIANA  
 10 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 11 [EFFECTIVE JULY 1, 2020]: **Sec. 88.3. "Covered individual", for**  
 12 **purposes of IC 16-21-15, has the meaning set forth in**  
 13 **IC 16-21-15-1.**

14 SECTION 4. IC 16-18-2-148.7 IS ADDED TO THE INDIANA  
 15 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 16 [EFFECTIVE JULY 1, 2020]: **Sec. 148.7. "Good faith estimate", for**  
 17 **purposes of IC 16-21-15, has the meaning set forth in**  
 18 **IC 16-21-15-2.**

19 SECTION 5. IC 16-18-2-163.6 IS ADDED TO THE INDIANA  
 20 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 21 [EFFECTIVE JULY 1, 2020]: **Sec. 163.6. "Health care services", for**  
 22 **purposes of IC 16-51-1, has the meaning set forth in IC 16-51-1-1.**

23 SECTION 6. IC 16-18-2-163.8 IS ADDED TO THE INDIANA  
 24 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 25 [EFFECTIVE JULY 1, 2020]: **Sec. 163.8. (a) "Health carrier", for**  
 26 **purposes of IC 16-21-15, has the meaning set forth in**  
 27 **IC 16-21-15-3.**

28 **(b) "Health carrier", for purposes of IC 16-51-2, has the**  
 29 **meaning set forth in IC 16-51-2-1.**

30 SECTION 7. IC 16-18-2-190.5 IS ADDED TO THE INDIANA  
 31 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 32 [EFFECTIVE JULY 1, 2020]: **Sec. 190.5. "In network", for purposes**  
 33 **of IC 16-21-15, has the meaning set forth in IC 16-21-15-4.**

34 SECTION 8. IC 16-18-2-216 IS AMENDED TO READ AS  
 35 FOLLOWS [EFFECTIVE JULY 1, 2020]: Sec. 216. (a)  
 36 "Manufacturer", for purposes of IC 16-42-19 and IC 16-42-21, means  
 37 a person who by compounding, cultivating, harvesting, mixing, or other  
 38 process produces or prepares legend drugs. The term includes a person  
 39 who:

40 (1) prepares legend drugs in dosage forms by mixing,  
 41 compounding, encapsulating, entableting, or other process; or

42 (2) packages or repackages legend drugs.





1 (b) The term does not include pharmacists or practitioners (as  
2 defined in section ~~288(a)~~ **288(b)** and ~~288(c)~~ **288(d)** of this chapter) in  
3 the practice of their profession.

4 SECTION 9. IC 16-18-2-247.5 IS ADDED TO THE INDIANA  
5 CODE AS A **NEW SECTION** TO READ AS FOLLOWS  
6 [EFFECTIVE JULY 1, 2020]: **Sec. 247.5. "Network", for purposes**  
7 **of IC 16-21-15, has the meaning set forth in IC 16-21-15-5.**

8 SECTION 10. IC 16-18-2-247.6 IS ADDED TO THE INDIANA  
9 CODE AS A **NEW SECTION** TO READ AS FOLLOWS  
10 [EFFECTIVE JULY 1, 2020]: **Sec. 247.6. "Network plan", for**  
11 **purposes of IC 16-21-15, has the meaning set forth in**  
12 **IC 16-21-15-6.**

13 SECTION 11. IC 16-18-2-250.5 IS ADDED TO THE INDIANA  
14 CODE AS A **NEW SECTION** TO READ AS FOLLOWS  
15 [EFFECTIVE JULY 1, 2020]: **Sec. 250.5. "Nonemergency health**  
16 **care service", for purposes of IC 16-21-15, has the meaning set**  
17 **forth in IC 16-21-15-7.**

18 SECTION 12. IC 16-18-2-254.4 IS ADDED TO THE INDIANA  
19 CODE AS A **NEW SECTION** TO READ AS FOLLOWS  
20 [EFFECTIVE JULY 1, 2020]: **Sec. 254.4. "Off-campus location of a**  
21 **hospital", for purposes of IC 16-21-16, has the meaning set forth**  
22 **in IC 16-21-16-3.**

23 SECTION 13. IC 16-18-2-288, AS AMENDED BY P.L.96-2014,  
24 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
25 JULY 1, 2020]: Sec. 288. **(a) "Practitioner", for purposes of**  
26 **IC 16-21-15, has the meaning set forth in IC 16-21-15-8.**

27 ~~(a)~~ **(b)** "Practitioner", for purposes of IC 16-42-19, has the meaning  
28 set forth in IC 16-42-19-5.

29 ~~(b)~~ **(c)** "Practitioner", for purposes of IC 16-41-14, has the meaning  
30 set forth in IC 16-41-14-4.

31 ~~(c)~~ **(d)** "Practitioner", for purposes of IC 16-42-21, has the meaning  
32 set forth in IC 16-42-21-3.

33 ~~(d)~~ **(e)** "Practitioner", for purposes of IC 16-42-22 and IC 16-42-25,  
34 has the meaning set forth in IC 16-42-22-4.5.

35 **(f) "Practitioner", for purposes of IC 16-51-1, has the meaning**  
36 **set forth in IC 16-51-1-4.**

37 SECTION 14. IC 16-18-2-295, AS AMENDED BY P.L.161-2014,  
38 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
39 JULY 1, 2020]: Sec. 295. (a) "Provider", for purposes of IC 16-21-8,  
40 has the meaning set forth in IC 16-21-8-0.2.

41 **(b) "Provider", for purposes of IC 16-21-15, has the meaning set**  
42 **forth in IC 16-21-15-9.**



1           ~~(b)~~ (c) "Provider", for purposes of IC 16-38-5, IC 16-39 (except for  
2 IC 16-39-7), and IC 16-41-1 through IC 16-41-9, means any of the  
3 following:

4           (1) An individual (other than an individual who is an employee or  
5 a contractor of a hospital, a facility, or an agency described in  
6 subdivision (2) or (3)) who is licensed, registered, or certified as  
7 a health care professional, including the following:

- 8           (A) A physician.  
9           (B) A psychotherapist.  
10          (C) A dentist.  
11          (D) A registered nurse.  
12          (E) A licensed practical nurse.  
13          (F) An optometrist.  
14          (G) A podiatrist.  
15          (H) A chiropractor.  
16          (I) A physical therapist.  
17          (J) A psychologist.  
18          (K) An audiologist.  
19          (L) A speech-language pathologist.  
20          (M) A dietitian.  
21          (N) An occupational therapist.  
22          (O) A respiratory therapist.  
23          (P) A pharmacist.  
24          (Q) A sexual assault nurse examiner.

25          (2) A hospital or facility licensed under IC 16-21-2 or IC 12-25 or  
26 described in IC 12-24-1 or IC 12-29.

27          (3) A health facility licensed under IC 16-28-2.

28          (4) A home health agency licensed under IC 16-27-1.

29          (5) An employer of a certified emergency medical technician, a  
30 certified advanced emergency medical technician, or a licensed  
31 paramedic.

32          (6) The state department or a local health department or an  
33 employee, agent, designee, or contractor of the state department  
34 or local health department.

35           ~~(e)~~ (d) "Provider", for purposes of IC 16-39-7-1, has the meaning set  
36 forth in IC 16-39-7-1(a).

37           ~~(d)~~ (e) "Provider", for purposes of IC 16-48-1, has the meaning set  
38 forth in IC 16-48-1-3.

39           **(f) "Provider", for purposes of IC 16-51-2, has the meaning set**  
40 **forth in IC 16-51-2-2.**

41           SECTION 15. IC 16-18-2-295.5 IS ADDED TO THE INDIANA  
42 CODE AS A NEW SECTION TO READ AS FOLLOWS



1 [EFFECTIVE JULY 1, 2020]: **Sec. 295.5. "Provider facility", for**  
 2 **purposes of IC 16-21-15, has the meaning set forth in**  
 3 **IC 16-21-15-10.**

4 SECTION 16. IC 16-18-2-328.7 IS ADDED TO THE INDIANA  
 5 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 6 [EFFECTIVE JULY 1, 2020]: **Sec. 328.7. "Service facility location",**  
 7 **for purposes of IC 16-51-1, has the meaning set forth in**  
 8 **IC 16-51-1-6.**

9 SECTION 17. IC 16-18-2-362.1 IS ADDED TO THE INDIANA  
 10 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 11 [EFFECTIVE JULY 1, 2020]: **Sec. 362.1. "Urgent care facility", for**  
 12 **purposes of IC 16-24.5-1, has the meaning set forth in**  
 13 **IC 16-24.5-1-1.**

14 SECTION 18. IC 16-21-3-2, AS AMENDED BY P.L.197-2011,  
 15 SECTION 61, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
 16 JULY 1, 2020]: Sec. 2. **(a)** The state health commissioner may take  
 17 action under section 1 of this chapter on any of the following grounds:

18 (1) Violation of any of the provisions of this chapter or of the  
 19 rules adopted under this chapter.

20 (2) Permitting, aiding, or abetting the commission of any illegal  
 21 act in an institution.

22 (3) Knowingly collecting or attempting to collect from a  
 23 subscriber (as defined in IC 27-13-1-32) or an enrollee (as defined  
 24 in IC 27-13-1-12) of a health maintenance organization (as  
 25 defined in IC 27-13-1-19) any amounts that are owed by the  
 26 health maintenance organization.

27 (4) Conduct or practice found by the state department to be  
 28 detrimental to the welfare of the patients of an institution.

29 **(b) The state health commissioner may take action:**

30 **(1) under section 1(1) or 1(2) of this chapter for an initial**  
 31 **violation or isolated violations of IC 16-21-15; or**

32 **(2) under section 1(4) or 1(5) of this chapter for repeated or**  
 33 **persistent violations of IC 16-21-15;**

34 **concerning the providing of a good faith estimate within three (3)**  
 35 **business days to an individual for whom a nonemergency health**  
 36 **care service has been ordered.**

37 SECTION 19. IC 16-21-15 IS ADDED TO THE INDIANA CODE  
 38 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
 39 JULY 1, 2020]:

40 **Chapter 15. Provider Facility Good Faith Estimates**

41 **Sec. 0.5. Nothing in this chapter prohibits:**

42 **(1) a self-funded health benefit plan that complies with the**



1 federal Employee Retirement Income Security Act (ERISA)  
2 of 1974 (29 U.S.C. 1001 et seq.); or

3 (2) a self-insurance program established to provide group  
4 health coverage as described in IC 5-10-8-7(b), or a contract  
5 for health services as described in IC 5-10-8-7(c);

6 from providing information requested by a practitioner or  
7 provider facility under this chapter.

8 **Sec. 1.** As used in this chapter, "covered individual" means an  
9 individual who is entitled to be provided health care services  
10 according to a health carrier's network plan.

11 **Sec. 2.** As used in this chapter, "good faith estimate" means a  
12 reasonable estimate of the total price a provider anticipates  
13 charging for one (1) or more nonemergency health care services  
14 that:

15 (1) is made by a provider under this chapter upon the request  
16 of the individual for whom the nonemergency health care  
17 service has been ordered; and

18 (2) is not binding upon the provider.

19 **Sec. 3. (a)** As used in this chapter, "health carrier" means an  
20 entity:

21 (1) that is subject to IC 27 and the administrative rules  
22 adopted under IC 27; and

23 (2) that enters into a contract to:

24 (A) provide health care services;

25 (B) deliver health care services;

26 (C) arrange for health care services; or

27 (D) pay for or reimburse any of the costs of health care  
28 services.

29 (b) The term includes the following:

30 (1) An insurer, as defined in IC 27-1-2-3(x), that issues a  
31 policy of accident and sickness insurance, as defined in  
32 IC 27-8-5-1(a).

33 (2) A health maintenance organization, as defined in  
34 IC 27-13-1-19.

35 (3) An administrator (as defined in IC 27-1-25-1(a)) that is  
36 licensed under IC 27-1-25.

37 (4) Any other entity that provides a plan of health insurance,  
38 health benefits, or health care services.

39 **Sec. 4.** As used in this chapter, "in network", when used in  
40 reference to a provider, means that the health care services  
41 provided by the provider are subject to a health carrier's network  
42 plan.



1           **Sec. 5. (a) As used in this chapter, "network" means a group of**  
 2 **provider facilities and practitioners that:**

- 3           **(1) provide health care services to covered individuals; and**  
 4           **(2) have agreed to, or are otherwise subject to, maximum**  
 5           **limits on the fees and charges for the health care services to be**  
 6           **provided to the covered individuals.**

7           **(b) The term includes the following:**

8           **(1) A network described in subsection (a) that is established**  
 9           **pursuant to a contract between an insurer providing coverage**  
 10           **under a group health policy and:**

- 11           **(A) individual provider facilities and practitioners;**  
 12           **(B) a preferred provider organization; or**  
 13           **(C) an entity that employs or represents providers,**  
 14           **including:**  
 15           **(i) an independent practice association; and**  
 16           **(ii) a physician-hospital organization.**

17           **(2) A health management organization, as defined in**  
 18           **IC 27-13-1-19.**

19           **Sec. 6. As used in this chapter, "network plan" means a plan of**  
 20 **a health carrier that:**

- 21           **(1) requires a covered person to receive; or**  
 22           **(2) creates incentives, including financial incentives, for a**  
 23           **covered person to receive;**

24 **health care services from one (1) or more providers that are under**  
 25 **contract with, managed by, or owned by the health carrier.**

26           **Sec. 7. (a) As used in this chapter, "nonemergency health care**  
 27 **service" means a service or series of services ordered, scheduled,**  
 28 **or referred by a practitioner for the purpose of:**

- 29           **(1) diagnosis;**  
 30           **(2) prevention;**  
 31           **(3) treatment;**  
 32           **(4) cure; or**  
 33           **(5) relief;**

34 **of a physical, mental, or behavioral health condition, illness, injury,**  
 35 **or disease that is not provided on an emergency basis.**

36           **Sec. 8. As used in this chapter, "practitioner" means:**

- 37           **(1) an individual who holds a license, certificate, registration,**  
 38           **or permit under:**  
 39           **(A) IC 25-22.5 (physicians);**  
 40           **(B) IC 25-27 (physical therapists); or**  
 41           **(C) IC 25-33 (psychologists); or**  
 42           **(2) an organization consisting of or employing two (2) or more**



- 1 individuals described in subdivision (1).  
 2 **Sec. 8.5.** As used in this chapter, "price" means the negotiated  
 3 rate between the:  
 4 (1) provider facility and practitioner; and  
 5 (2) covered individual's health carrier.  
 6 **Sec. 9.** As used in this chapter, "provider" means:  
 7 (1) a provider facility; or  
 8 (2) a practitioner.  
 9 **Sec. 10.** As used in this chapter, "provider facility" means any of  
 10 the following:  
 11 (1) A hospital licensed under IC 16-21-2.  
 12 (2) An ambulatory outpatient surgery center licensed under  
 13 IC 16-21-2.  
 14 (3) An abortion clinic licensed under IC 16-21-2.  
 15 (4) A birthing center licensed under IC 16-21-2.  
 16 (5) A facility that provides diagnostic services to the medical  
 17 profession or the general public, including outpatient  
 18 facilities.  
 19 (6) A laboratory where clinical pathology tests are carried out  
 20 on specimens to obtain information about the health of a  
 21 patient.  
 22 (7) A facility where radiologic and electromagnetic images are  
 23 made to obtain information about the health of a patient.  
 24 (8) An infusion center that administers intravenous  
 25 medications.  
 26 **Sec. 11. (a)** This section does not:  
 27 (1) apply to a individual who is a Medicaid recipient; or  
 28 (2) limit the authority of a legal representative of the patient.  
 29 (b) An individual for whom a nonemergency health care service  
 30 has been ordered may request from the provider facility in which  
 31 the health care service will be provided a good faith estimate of the  
 32 total price that will be charged as a result of the nonemergency  
 33 health care service.  
 34 (c) A provider facility that receives a request from an individual  
 35 under subsection (b) shall, not more than three (3) business days  
 36 after receiving the request, provide to the individual a good faith  
 37 estimate of:  
 38 (1) the total price that the provider facility in which the health  
 39 care service will be performed will impose for:  
 40 (A) the use of the provider facility to care for the  
 41 individual before, during, and after the nonemergency  
 42 health care service;



- 1           **(B) the services rendered by the staff of the provider**  
 2           **facility in connection with the nonemergency health care**  
 3           **service; and**  
 4           **(C) medication, supplies, equipment, and material items to**  
 5           **be provided to or used by the individual while the**  
 6           **individual is present in the provider facility in connection**  
 7           **with the nonemergency health care service; and**  
 8           **(2) fees charged for the services of all practitioners, support**  
 9           **staff, and other persons who provide professional health**  
 10           **services:**  
 11           **(A) who will provide services to or for the individual**  
 12           **during the individual's presence in the provider facility for**  
 13           **the nonemergency health care service; and**  
 14           **(B) for whose services the individual will be charged**  
 15           **separately from the charge of the provider facility.**  
 16           **(d) The charges that must be included in a good faith estimate**  
 17           **under this section include all charges under subsection (c)(1) or**  
 18           **(c)(2) for imaging, laboratory services, diagnostic services, therapy,**  
 19           **observation services, and other services expected to be provided to**  
 20           **the individual.**  
 21           **(e) A provider facility must ensure that a good faith estimate**  
 22           **provided to an individual under this section is accompanied by a**  
 23           **notice stating that:**  
 24           **(1) an estimate provided under this section is not binding on**  
 25           **the provider facility; and**  
 26           **(2) the price the provider facility charges the individual may**  
 27           **vary from the estimate based on the individual's medical**  
 28           **needs.**  
 29           **(f) A provider facility may not charge a patient for information**  
 30           **provided under this section.**  
 31           **Sec. 12. (a) If:**  
 32           **(1) the individual who requests a good faith estimate from a**  
 33           **provider facility under this chapter and has been verified as**  
 34           **a covered individual with respect to a network plan; and**  
 35           **(2) the provider facility from which the individual requests**  
 36           **the good faith estimate is in network with respect to the same**  
 37           **network plan;**  
 38           **the good faith estimate that the provider facility provides to the**  
 39           **individual under this chapter must be based on the negotiated**  
 40           **charges to which the provider facility and any practitioners**  
 41           **referred to in section 11(c)(2) of this chapter have agreed as in**  
 42           **network providers.**



1 (b) If the individual who requests a good faith estimate from a  
2 provider facility under this chapter:

3 (1) is not a covered individual with respect to any network  
4 plan; or

5 (2) is not a covered individual with respect to a network plan  
6 with respect to which the provider facility is in network;

7 the good faith estimate that the provider facility provides to the  
8 individual under this chapter must be based on the amounts that  
9 the provider facility and any practitioners referred to in section  
10 11(c)(2) of this chapter charge for the nonemergency health care  
11 services in the absence of any network plan.

12 Sec. 13. A provider facility may provide a good faith estimate to  
13 an individual under this chapter:

14 (1) in a writing delivered to the individual;

15 (2) by electronic mail; or

16 (3) through a mobile application;

17 according to the preference expressed by the individual.

18 Sec. 14. (a) A good faith estimate provided by a provider facility  
19 to an individual under this chapter must:

20 (1) state the services and material items that the good faith  
21 estimate is based on;

22 (2) set forth the estimated price for the services and material  
23 items referred to in subdivision (1); and

24 (3) include a total figure that is a sum of the estimated prices  
25 referred to in subdivision (2).

26 (b) Subsection (a) does not prohibit a provider facility from  
27 providing to an individual a good faith estimate that indicates how  
28 much of the total figure stated under subsection (a)(3) will be the  
29 individual's out-of-pocket expense after the health carrier's  
30 payment of charges.

31 (c) A health carrier must provide a provider facility with timely  
32 information needed by the provider facility to comply with the  
33 requirements under this chapter.

34 Sec. 15. (a) As used in this section, "waiting room" means a  
35 space in a building used by a provider facility in which people  
36 check in or register to:

37 (1) be seen by practitioners; or

38 (2) meet with members of the staff of the provider facility.

39 (b) A provider facility shall ensure that each waiting room of the  
40 provider facility includes at least one (1) printed notice that:

41 (1) is designed, lettered, and positioned within the waiting  
42 room so as to be conspicuous to and readable by any





1 individual with normal vision who visits the waiting room;  
 2 and  
 3 (2) states the following, or words to the same effect: "A  
 4 patient may ask for an estimate of the amount the patient will  
 5 be charged for a nonemergency medical service provided in  
 6 this facility. The law requires that an estimate be provided  
 7 within 3 business days."

8 (c) If a provider facility maintains an Internet web site, the  
 9 provider facility shall ensure that the Internet web site includes at  
 10 least one (1) printed notice that:

11 (1) is designed, lettered, and featured on the Internet web site  
 12 so as to be conspicuous to and readable by any individual with  
 13 normal vision who visits the Internet web site; and

14 (2) states the following, or words to the same effect: "A  
 15 patient may ask for an estimate of the amount the patient will  
 16 be charged for a nonemergency medical service provided in  
 17 our facility. The law requires that an estimate be provided  
 18 within 3 business days."

19 SECTION 20. IC 16-21-17 IS ADDED TO THE INDIANA CODE  
 20 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
 21 JULY 1, 2020]:

22 **Chapter 17. Health Care Pricing Information**

23 **Sec. 1. (a) Not later than March 31, 2021, a hospital and an**  
 24 **ambulatory surgical center shall post on the Internet web site of**  
 25 **the hospital or ambulatory outpatient surgical center pricing and**  
 26 **other information specified in this chapter for the following:**

27 (1) For as many of the seventy (70) shoppable services  
 28 specified in 45 CFR 180 (as published August 9, 2019, and as  
 29 subsequently amended) that are provided by the hospital or  
 30 ambulatory outpatient surgical center.

31 (2) In addition to the services specified in subdivision (1), the  
 32 thirty (30) most common services that are provided by the  
 33 hospital or ambulatory outpatient surgical center.

34 (b) The following information must be included on the Internet  
 35 web site by a hospital and an ambulatory outpatient surgical center  
 36 for each billing code, including, if relevant, each diagnosis related  
 37 group (DRG) billing code and each health care common procedure  
 38 coding system (HCPCS) billing code:

- 39 (1) The number of services provided for the code.
- 40 (2) A description of the service.
- 41 (3) The weighted average prices paid per service per provider
- 42 type for each of the following categories:



- 1 (A) Employer sponsored insurance.
- 2 (B) Individually purchased insurance.
- 3 (C) Medicare, including fee for service and Medicare
- 4 Advantage.
- 5 (D) Self pay without charitable assistance from the hospital
- 6 or ambulatory surgical center.
- 7 (E) Self pay with charitable assistance from the hospital or
- 8 ambulatory surgical center.

9 Sec. 2. (a) The information displayed on the Internet web site  
 10 must be in an easy to read, understandable format, and include the  
 11 prices for each billing code by provider type.

12 (b) A hospital and an ambulatory outpatient surgical center  
 13 shall update the information on the Internet web site on a  
 14 quarterly basis.

15 SECTION 21. IC 16-24.5 IS ADDED TO THE INDIANA CODE  
 16 AS A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY  
 17 1, 2020]:

18 **ARTICLE 24.5. OTHER HEALTH CARE FACILITIES**

19 **Chapter 1. Urgent Care Facilities**

20 Sec. 1. (a) As used in this chapter, "urgent care facility" means  
 21 a free standing health care facility that offers episodic, walk-in care  
 22 for the treatment of acute, but not life-threatening, health  
 23 conditions.

24 (b) The term does not include an emergency department of a  
 25 hospital or a nonprofit or government operated health clinic.

26 Sec. 2. (a) Not later than March 31, 2021, an urgent care facility  
 27 shall post on the Internet web site of the urgent care facility pricing  
 28 and other information specified in this chapter for the fifteen (15)  
 29 most common services that are provided by the urgent care  
 30 facility.

31 (b) The following information must be included on the Internet  
 32 web site by an urgent care facility for each billing code, including,  
 33 if relevant, each diagnosis related group (DRG) billing code and  
 34 each health care common procedure coding system (HCPCS)  
 35 billing code:

- 36 (1) The number of services provided for the code.
- 37 (2) A description of the service.
- 38 (3) The weighted average prices paid per service per provider
- 39 type for each of the following categories:
  - 40 (A) Employer sponsored insurance.
  - 41 (B) Individually purchased insurance.
  - 42 (C) Medicare, including fee for service and Medicare



- 1           **Advantage.**  
 2           **(D) Self pay without charitable assistance from the hospital**  
 3           **or ambulatory surgical center.**  
 4           **(E) Self pay with charitable assistance from the hospital or**  
 5           **ambulatory surgical center.**  
 6           **Sec. 3. (a) The information displayed on the Internet web site**  
 7           **must be in an easy to read, understandable format, and include the**  
 8           **prices for each billing code by provider type.**  
 9           **(b) An urgent care facility shall update the information on the**  
 10           **Internet web site on a quarterly basis.**  
 11           SECTION 22. IC 16-51 IS ADDED TO THE INDIANA CODE AS  
 12           A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1,  
 13           2020]:  
 14           **ARTICLE 51. HEALTH CARE REQUIREMENTS**  
 15           **Chapter 1. Health Care Billing**  
 16           **Sec. 1. (a) As used in this chapter, "health care services" means**  
 17           **health care related services or products rendered or sold by a**  
 18           **provider within the scope of the provider's license or legal**  
 19           **authorization.**  
 20           **(b) The term includes hospital, medical, surgical, dental, vision,**  
 21           **and pharmaceutical services or products.**  
 22           **Sec. 2. As used in this chapter, "health maintenance**  
 23           **organization" has the meaning set forth in IC 27-13-1-19.**  
 24           **Sec. 3. As used in this chapter, "insurer" has the meaning set**  
 25           **forth in IC 27-8-11-1(e).**  
 26           **Sec. 4. As used in this chapter, "practitioner" means an**  
 27           **individual or entity duly licensed or legally authorized to provide**  
 28           **health care services.**  
 29           **Sec. 5. As used in this chapter, "provider facility" means any of**  
 30           **the following:**  
 31           **(1) A hospital.**  
 32           **(2) A skilled nursing facility.**  
 33           **(3) An end stage renal disease provider.**  
 34           **(4) A home health agency.**  
 35           **(5) A hospice organization.**  
 36           **(6) An outpatient physical therapy, occupational therapy, or**  
 37           **speech pathology service provider.**  
 38           **(7) A comprehensive outpatient rehabilitation facility.**  
 39           **(8) A community mental health center.**  
 40           **(9) A critical access hospital.**  
 41           **(10) A federally qualified health center.**  
 42           **(11) A histocompatibility laboratory.**



1 (12) An Indian health service facility.

2 (13) An organ procurement organization.

3 (14) A religious nonmedical health care institution.

4 (15) A rural health clinic.

5 Sec. 6. As used in this chapter, "service facility location" means  
6 the address where the services of a provider facility or practitioner  
7 were provided. The term consists of exact address and place of  
8 service codes as required on CMS forms 1500 and 1450, including  
9 an office, on-campus location of a hospital, and off-campus location  
10 of a hospital.

11 Sec. 7. (a) A provider facility or practitioner shall include the  
12 address of the service facility location in order to obtain  
13 reimbursement for a commercial claim for health care services  
14 from an insurer, health maintenance organization, employer, or  
15 other person responsible for the payment of the cost of health care  
16 services.

17 (b) An insurer, health maintenance organization, employer, or  
18 other person responsible for the payment of the cost of health care  
19 services is not required to accept a bill for health care services that  
20 does not contain the service facility location.

21 Sec. 8. A patient is not liable for any additional payment that is  
22 the result of a practitioner or provider facility filing an incorrect  
23 form or not including the correct service facility location as  
24 required under this chapter.

25 Chapter 2. Centralized Credentialing

26 Sec. 1. (a) As used in this chapter, "health carrier" means an  
27 entity:

28 (1) that is subject to IC 27 and the administrative rules  
29 adopted under IC 27; and

30 (2) that enters into a contract to:

31 (A) provide health care services;

32 (B) deliver health care services;

33 (C) arrange for health care services; or

34 (D) pay for or reimburse any of the costs of health care  
35 services.

36 (b) The term includes the following:

37 (1) An insurer, as defined in IC 27-1-2-3(x), that issues a  
38 policy of accident and sickness insurance, as defined in  
39 IC 27-8-5-1(a).

40 (2) A health maintenance organization, as defined in  
41 IC 27-13-1-19.

42 (3) An administrator (as defined in IC 27-1-25-1(a)) that is



- 1 licensed under IC 27-1-25.
- 2 (4) Any other entity that provides a plan of health insurance,
- 3 health benefits, or health care services.
- 4 Sec. 2. As used in this chapter, "provider" has the meaning set
- 5 forth in IC 16-18-2-295(c)(1).
- 6 Sec. 3. (a) The department shall implement a centralized
- 7 credentials verification organization and credentialing process
- 8 that:
- 9 (1) uses a common application, as determined by provider
- 10 type;
- 11 (2) issues a single credentialing decision applicable to all
- 12 health carriers, except as determined by the department;
- 13 (3) recredentials and revalidates provider information not less
- 14 than once every three (3) years;
- 15 (4) requires attestation of enrollment and credentialing
- 16 information every six (6) months; and
- 17 (5) is certificated or accredited by the National Committee for
- 18 Quality Assurance or its successor organization.
- 19 (b) A health carrier may not require additional credentialing
- 20 requirements in order to participate in a health carrier's network.
- 21 However, a health carrier may collect additional information from
- 22 the provider in order to complete a contract or provider
- 23 agreement.
- 24 (c) A health carrier is not required to contract with a provider.
- 25 However, if a provider is employed by a health care facility that is
- 26 covered by the health carrier or in the health carrier's network and
- 27 the provider meets the credentialing requirements under this
- 28 chapter, the health carrier shall reimburse the provider for any
- 29 reimbursable services from the date that the provider was
- 30 employed by the health care facility.
- 31 (d) A credentialed provider may be employed by multiple health
- 32 care facilities.
- 33 (e) Except when a provider's professional license is no longer
- 34 valid, a credential acquired under this chapter is valid until
- 35 recredentialing is required.
- 36 (f) An adverse action under this section is subject to IC 4-21.5.
- 37 (g) The department may adopt rules under IC 4-22-2 to
- 38 implement this section.
- 39 (h) The department may adopt emergency rules to implement
- 40 this section. However, an emergency rule adopted under this
- 41 section expires the earlier of:
- 42 (1) one (1) year after the rule was accepted for filing under



1           **IC 4-22-2-37.1(e); or**

2           **(2) June 30, 2021.**

3           **This subsection expires July 1, 2021.**

4           SECTION 23. IC 25-22.5-16 IS ADDED TO THE INDIANA  
5 CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS  
6 [EFFECTIVE JULY 1, 2020]:

7           **Chapter 16. Practitioner Good Faith Estimates**

8           **Sec. 1. As used in this chapter, "covered individual" means an**  
9 **individual who is entitled to be provided health care services**  
10 **according to a health carrier's network plan.**

11           **Sec. 2. As used in this chapter, "good faith estimate" means a**  
12 **reasonable estimate of the total price a practitioner anticipates**  
13 **charging for one (1) or more nonemergency health care services**  
14 **that:**

15           **(1) is made by a practitioner under this chapter upon the**  
16 **request of:**

17           **(A) the individual for whom the nonemergency health care**  
18 **service has been ordered; or**

19           **(B) the provider facility in which the nonemergency health**  
20 **care service will be provided; and**

21           **(2) is not binding upon the practitioner.**

22           **Sec. 3. (a) As used in this chapter, "health carrier" means an**  
23 **entity:**

24           **(1) that is subject to IC 27 and the administrative rules**  
25 **adopted under IC 27; and**

26           **(2) that enters into a contract to:**

27           **(A) provide health care services;**

28           **(B) deliver health care services;**

29           **(C) arrange for health care services; or**

30           **(D) pay for or reimburse any of the costs of health care**  
31 **services.**

32           **(b) The term includes the following:**

33           **(1) An insurer, as defined in IC 27-1-2-3(x), that issues a**  
34 **policy of accident and sickness insurance, as defined in**  
35 **IC 27-8-5-1(a).**

36           **(2) A health maintenance organization, as defined in**  
37 **IC 27-13-1-19.**

38           **(3) An administrator (as defined in IC 27-1-25-1(a)) that is**  
39 **licensed under IC 27-1-25.**

40           **(4) Any other entity that provides a plan of health insurance,**  
41 **health benefits, or health care services.**

42           **Sec. 4. As used in this chapter, "in network", when used in**



1 reference to a practitioner, means that the health care services  
 2 provided by the practitioner are subject to a health carrier's  
 3 network plan.

4 Sec. 5. (a) As used in this chapter, "network" means a group of  
 5 provider facilities and practitioners that:

- 6 (1) provide health care services to covered individuals; and
- 7 (2) have agreed to, or are otherwise subject to, maximum  
 8 limits on the fees and charges for the health care services to be  
 9 provided to the covered individuals.

10 (b) The term includes the following:

11 (1) A network described in subsection (a) that is established  
 12 pursuant to a contract between an insurer providing coverage  
 13 under a group health policy and:

- 14 (A) individual provider facilities and practitioners;
- 15 (B) a preferred provider organization; or
- 16 (C) an entity that employs or represents providers,  
 17 including:
  - 18 (i) an independent practice association; and
  - 19 (ii) a physician-hospital organization.

20 (2) A health management organization, as defined in  
 21 IC 27-13-1-19.

22 Sec. 6. As used in this chapter, "network plan" means a plan of  
 23 a health carrier that:

- 24 (1) requires a covered person to receive; or
- 25 (2) creates incentives, including financial incentives, for a  
 26 covered person to receive;

27 health care services from one (1) or more providers that are under  
 28 contract with, managed by, or owned by the health carrier.

29 Sec. 7. (a) As used in this chapter, "nonemergency health care  
 30 service" means a service or series of services ordered, scheduled,  
 31 or referred by a practitioner for the:

- 32 (1) diagnosis;
- 33 (2) prevention;
- 34 (3) treatment;
- 35 (4) cure; or
- 36 (5) relief;

37 of a physical, mental, or behavioral health condition, illness, injury,  
 38 or disease that is not provided on an emergency basis.

39 Sec. 8. As used in this chapter, "practitioner" means:

- 40 (1) an individual who holds a license, certificate, registration,  
 41 or permit under:
  - 42 (A) IC 25-22.5 (physicians);



- 1                   **(B) IC 25-27 (physical therapists); or**  
 2                   **(C) IC 25-33 (psychologists); or**  
 3                   **(2) an organization consisting of or employing two (2) or more**  
 4                   **individuals described in subdivision (1).**  
 5                   **Sec. 8.5. As used in this chapter, "price" means the negotiated**  
 6                   **rate between the:**  
 7                   **(1) provider facility and practitioner; and**  
 8                   **(2) covered individual's health carrier.**  
 9                   **Sec. 9. As used in this chapter, "provider" means:**  
 10                   **(1) a provider facility; or**  
 11                   **(2) a practitioner.**  
 12                   **Sec. 10. As used in this chapter, "provider facility" means any of**  
 13                   **the following:**  
 14                   **(1) A hospital licensed under IC 16-21-2.**  
 15                   **(2) An ambulatory outpatient surgery center licensed under**  
 16                   **IC 16-21-2.**  
 17                   **(3) An abortion clinic licensed under IC 16-21-2.**  
 18                   **(4) A birthing center licensed under IC 16-21-2.**  
 19                   **(5) A facility that provides diagnostic services to the medical**  
 20                   **profession or the general public.**  
 21                   **(6) A laboratory where clinical pathology tests are carried out**  
 22                   **on specimens to obtain information about the health of a**  
 23                   **patient.**  
 24                   **(7) A facility where radiologic and electromagnetic images are**  
 25                   **made to obtain information about the health of a patient.**  
 26                   **(8) An infusion center that administers intravenous**  
 27                   **medications.**  
 28                   **Sec. 11. (a) This section does not apply to a individual who is a**  
 29                   **Medicaid recipient.**  
 30                   **(b) An individual for whom a nonemergency health care service**  
 31                   **has been ordered may request from the practitioner who will**  
 32                   **provide the nonemergency health care service a good faith estimate**  
 33                   **of the total price the practitioner will charge for providing the**  
 34                   **nonemergency health care service.**  
 35                   **(c) A practitioner who receives a request from a patient under**  
 36                   **subsection (b) shall, not more than three (3) business days after**  
 37                   **receiving the request, provide to the individual a good faith**  
 38                   **estimate of the total price that the practitioner will charge for**  
 39                   **providing the nonemergency health care service.**  
 40                   **(d) A practitioner must ensure that a good faith estimate**  
 41                   **provided to an individual under this section is accompanied by a**  
 42                   **notice stating that:**





- 1           (1) an estimate provided under this section is not binding on  
2           the practitioner; and  
3           (2) the amount the practitioner charges the individual may  
4           vary from the estimate based on the individual's medical  
5           needs.
- 6           (e) A practitioner may not charge an individual for information  
7           provided under this section.
- 8           Sec. 12. (a) If:
- 9           (1) the individual who requests a good faith estimate from a  
10           practitioner under this chapter is a covered individual with  
11           respect to a network plan; and  
12           (2) the practitioner from which the individual requests the  
13           good faith estimate is in network with respect to the same  
14           network plan;
- 15           the good faith estimate that the practitioner provides to the  
16           individual under this chapter must be based on the negotiated  
17           charges to which the practitioner has agreed as an in network  
18           provider.
- 19           (b) If the individual who requests a good faith estimate from a  
20           practitioner under this chapter:
- 21           (1) is not a covered individual with respect to any network  
22           plan; or  
23           (2) is not a covered individual with respect to a network plan  
24           with respect to which the practitioner is in network;
- 25           the good faith estimate that the practitioner provides to the  
26           individual under this chapter must be based on the amounts that  
27           the practitioner charges for the nonemergency health care service  
28           in the absence of any network plan.
- 29           Sec. 13. A practitioner may provide a good faith estimate to an  
30           individual under this chapter:
- 31           (1) in a writing delivered to the individual;  
32           (2) by electronic mail; or  
33           (3) through a mobile application;
- 34           according to the preference expressed by the individual.
- 35           Sec. 14. (a) A good faith estimate provided by a practitioner to  
36           an individual under this chapter must:
- 37           (1) state the services and material items that the good faith  
38           estimate is based on;  
39           (2) set forth the estimated price for the services and material  
40           items referred to in subdivision (1); and  
41           (3) include a total figure that is a sum of the estimated prices  
42           referred to in subdivision (2).



1           (b) Subsection (a) does not prohibit a practitioner from  
 2 providing to an individual a good faith estimate that indicates how  
 3 much of the total figure stated under subsection (a)(3) will be the  
 4 individual's out-of-pocket expense after the health carrier's  
 5 payment of charges.

6           (c) A health carrier must provide a practitioner with timely  
 7 information needed by the practitioner to comply with the  
 8 requirements under this chapter.

9           **Sec. 15. If:**

10           (1) a practitioner is expected to provide a nonemergency  
 11 health care service to an individual in a provider facility; and

12           (2) the provider facility receives a request from an individual  
 13 for a good faith estimate under IC 16-21-15;

14 the practitioner, upon request from the provider facility, shall  
 15 provide to the provider facility a good faith estimate of the  
 16 practitioner's charge for providing the nonemergency health care  
 17 service to enable the provider facility to comply with  
 18 IC 16-21-15-11.

19           **Sec. 16. (a)** A practitioner that has ordered, scheduled, or  
 20 referred the individual for a nonemergency health care service  
 21 shall provide to the individual an electronic or paper copy of a  
 22 written notice that states the following, or words to the same effect:  
 23 "A patient may at any time ask a practitioner for an estimate of the  
 24 amount the practitioner will charge for providing a nonemergency  
 25 medical service. The law requires that the estimate be provided  
 26 within 3 business days."

27           (b) The state department may adopt rules under IC 4-22-2 to  
 28 establish requirements for practitioners to provide additional  
 29 charging information under this section.

30           **Sec. 17.** The appropriate board (as defined in IC 25-1-9-1) may  
 31 take action against a practitioner:

32           (1) under IC 25-1-9-9(a)(3) or IC 25-1-9-9(a)(4) for an initial  
 33 violation or isolated violations of this chapter; or

34           (2) under IC 25-1-9-9(a)(1), IC 25-1-9-9(a)(2), or  
 35 IC 25-1-9-9(a)(6) for repeated or persistent violations of this  
 36 chapter;

37 concerning the providing of a good faith estimate to an individual  
 38 for whom a nonemergency health care service has been ordered or  
 39 the providing of notice in the practitioner's office or on the  
 40 practitioner's Internet web site that a patient may at any time ask  
 41 for an estimate of the amount that the patient will be charged for  
 42 a medical service.



1 SECTION 24. IC 27-1-15.6-13.5 IS ADDED TO THE INDIANA  
 2 CODE AS A NEW SECTION TO READ AS FOLLOWS  
 3 [EFFECTIVE JULY 1, 2020]: **Sec. 13.5. (a) An insurance producer**  
 4 **shall disclose to any prospective and current clients on a separate**  
 5 **written notification any commission, service fee, brokerage fee, or**  
 6 **other valuable consideration, including whether the amount is**  
 7 **based on a percentage of total plan premiums or a flat per member**  
 8 **fee, concerning:**

9 (1) a health insurance contract that is signed directly with the  
 10 insurance producer; or

11 (2) a health insurance contract signed with a third party  
 12 administrator or insurer that will compensate the insurance  
 13 producer.

14 (b) A copy of the written notification required under this section  
 15 must be signed by the client.

16 SECTION 25. IC 27-1-37-7 IS ADDED TO THE INDIANA CODE  
 17 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
 18 1, 2020]: **Sec. 7. (a) This section applies to:**

19 (1) health provider contracts; and

20 (2) contracts between a provider and a pharmacy benefits  
 21 manager;

22 entered into or renewed, including contracts that automatically  
 23 renew after the expiry date, after June 30, 2020.

24 (b) A health provider contract may not contain a provision that  
 25 prohibits the disclosure of health care service claims data to  
 26 employers providing the coverage. However, any disclosure of  
 27 claims data must comply with health privacy laws, including the  
 28 federal Health Insurance Portability and Accountability Act  
 29 (HIPAA) (P.L. 104-191).

30 (c) A violation of this section constitutes an unfair or deceptive  
 31 act or practice in the business of insurance under IC 27-4-1-4.

32 SECTION 26. IC 27-1-45 IS ADDED TO THE INDIANA CODE  
 33 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
 34 UPON PASSAGE]:

35 **Chapter 45. All Payer Claims Data Base**

36 **Sec. 1. As used in this chapter, "data base" refers to the all**  
 37 **payer claims data base created under this chapter.**

38 **Sec. 2. As used in this chapter, "health payer" includes the**  
 39 **following:**

40 (1) Medicare.

41 (2) Medicaid or a managed care organization (as defined in  
 42 IC 12-7-2-126.9) that has contracted with Medicaid to provide



- 1 services to a Medicaid recipient.
- 2 (3) An insurer that issues a policy of accident and sickness
- 3 insurance (as defined in IC 27-8-5-1).
- 4 (4) A health maintenance organization (as defined in
- 5 IC 27-13-1-19).
- 6 (5) A pharmacy benefit manager (as defined in
- 7 IC 27-1-24.8-3).
- 8 (6) A third party administrator.
- 9 (7) An insurer (as defined in IC 27-1-26-1), excluding insurers
- 10 of life insurance.
- 11 (8) Any other person identified by the commissioner for
- 12 participation in the data base described in this chapter.
- 13 Sec. 3. (a) Before July 1, 2020, the department shall issue a
- 14 request for information in compliance with IC 5-23-4.5 concerning
- 15 the creation, operation, and maintenance of a data base.
- 16 (b) The request for information must include the following
- 17 questions:
- 18 (1) How the person would collect all relevant claims data for
- 19 the data base from a health payer in a manner that would
- 20 minimize technical barriers for a health payer to submit a
- 21 claim.
- 22 (2) How the person would promote and encourage self funded
- 23 plans to voluntarily submit claims data for inclusion in the
- 24 data base.
- 25 (3) What funding sources the person would seek to offset costs
- 26 to implement and maintain the data base.
- 27 (4) How the person would make data from the data base
- 28 available, including what sufficient fee would need to be
- 29 assessed, to researchers, companies, and other interested
- 30 parties in analyzing the data.
- 31 (5) How the person would ensure the following:
- 32 (A) That data is submitted and released in a
- 33 machine-readable format.
- 34 (B) That the data from the data base is used in an ethical
- 35 manner.
- 36 (C) That the data is not personally identifiable and is
- 37 properly secured and maintained, and that the person
- 38 complies with federal and state health care privacy laws.
- 39 (6) How the person would establish a public web portal for
- 40 individuals to quickly and easily compare prices for the full
- 41 spectrum of medical billing codes as well as check quality
- 42 ratings of providers.



- 1           **(7) What threshold should be set for health payers to submit**  
 2           **data for the data base.**
- 3           **(8) How the person would work with other states and relevant**  
 4           **stakeholders to either:**
- 5               **(A) use a data language that is already available; or**  
 6               **(B) facilitate the establishment of a common data language**  
 7               **to be used by states for the data.**
- 8           **(9) Whether any changes to state law would increase the**  
 9           **functionality and effectiveness of the data base and**  
 10           **recommendations of the statutes and necessary changes.**
- 11           **(10) Whatever other questions the department determines is**  
 12           **relevant to the implementation of a robust and transparent**  
 13           **data base.**
- 14           **(c) The department shall set the deadline for submissions of the**  
 15           **request for information under this section that may be not later**  
 16           **than November 30, 2020.**
- 17           **Sec. 4. (a) After May 30, 2021, but before June 15, 2021, the**  
 18           **department shall issue a request for proposals for a person to**  
 19           **create, operate, and maintain the data base under this chapter. In**  
 20           **addition to the requirements of IC 5-22-9, the request for proposals**  
 21           **must include the considerations contained in the request for**  
 22           **information under section 3 of this chapter.**
- 23           **(b) The request for proposals must state that the data base's**  
 24           **purpose is to facilitate the following:**
- 25               **(1) Identifying health care needs and informing health care**  
 26               **policy.**
- 27               **(2) Comparing costs between various treatment settings and**  
 28               **approaches.**
- 29               **(3) Providing information to consumers and purchasers of**  
 30               **health care.**
- 31               **(4) Improving the quality and affordability of patient health**  
 32               **care and health care coverage.**
- 33           **(c) Submissions for the request for proposals under this section**  
 34           **must occur not later than September 30, 2021.**
- 35           **(d) The department shall publish the department's decision**  
 36           **concerning the submissions not later than November 30, 2021.**
- 37           **(e) If the department accepts a submission for the request for**  
 38           **proposals, the department shall enter into a contract with the**  
 39           **person to act as administrator of the data base and develop the**  
 40           **data base not later than June 30, 2022.**
- 41           **(f) The administrator shall ensure that the data base is secure**  
 42           **and compliant with the federal Health Insurance Portability and**



1 **Accountability Act (HIPAA).**

2 **Sec. 5. A health payer shall begin submitting the required data**  
 3 **in a format specified by the administrator of the data base not later**  
 4 **than three (3) months from the first day the department declares**  
 5 **the data base to be fully operational.**

6 SECTION 27. IC 27-2-25 IS ADDED TO THE INDIANA CODE  
 7 AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE  
 8 JULY 1, 2020]:

9 **Chapter 25. Health Carrier Good Faith Estimates**

10 **Sec. 1. As used in this chapter, "coverage" means the right of an**  
 11 **individual to receive:**

- 12 (1) health care services; or  
 13 (2) payment or reimbursement for health care services;  
 14 from a health carrier.

15 **Sec. 2. As used in this chapter, "covered individual" means an**  
 16 **individual who is entitled to coverage from a health carrier.**

17 **Sec. 3. As used in this chapter, "good faith estimate" means a**  
 18 **health carrier's reasonable estimate of:**

- 19 (1) the amount of the cost of a nonemergency health care  
 20 service that the health carrier will:  
 21 (A) pay for; or  
 22 (B) reimburse to;  
 23 a covered individual; or  
 24 (2) the extent and nature of the nonemergency health care  
 25 service a covered individual is entitled to receive;  
 26 that a health carrier provides upon request to a covered individual  
 27 for whom a nonemergency health care service has been ordered.

28 **Sec. 4. (a) As used in this chapter, "health carrier" means an**  
 29 **entity:**

- 30 (1) that is subject to this title and the administrative rules  
 31 adopted under this title; and  
 32 (2) that enters into a contract to:  
 33 (A) provide health care services;  
 34 (B) deliver health care services;  
 35 (C) arrange for health care services; or  
 36 (D) pay for or reimburse any of the costs of health care  
 37 services.

38 **(b) The term includes the following:**

- 39 (1) An insurer, as defined in IC 27-1-2-3(x), that issues a  
 40 policy of accident and sickness insurance, as defined in  
 41 IC 27-8-5-1(a).  
 42 (2) A health maintenance organization, as defined in



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



1 of a physical, mental, or behavioral health condition, illness, injury,  
2 or disease that is not provided on an emergency basis.

3 Sec. 9. As used in this chapter, "practitioner" means:

4 (1) an individual who holds a license, certificate, registration,  
5 or permit under:

6 (A) IC 25-22.5 (physicians);

7 (B) IC 25-27 (physical therapists); or

8 (C) IC 25-33 (psychologists); or

9 (2) an organization consisting of or employing two (2) or more  
10 individuals described in subdivision (1).

11 Sec. 9.5. As used in this chapter, "price" means the negotiated  
12 rate between the:

13 (1) provider facility and practitioner; and

14 (2) covered individual's health carrier;

15 minus the amount that the health carrier will pay.

16 Sec. 10. As used in this chapter, "provider" means:

17 (1) a provider facility; or

18 (2) a practitioner.

19 Sec. 11. As used in this chapter, "provider facility" means any of  
20 the following:

21 (1) A hospital licensed under IC 16-21-2.

22 (2) An ambulatory outpatient surgery center licensed under  
23 IC 16-21-2.

24 (3) An abortion clinic licensed under IC 16-21-2.

25 (4) A birthing center licensed under IC 16-21-2.

26 (5) A facility that provides diagnostic services to the medical  
27 profession or the general public.

28 (6) A laboratory where clinical pathology tests are carried out  
29 on specimens to obtain information about the health of a  
30 patient.

31 (7) A facility where radiologic and electromagnetic images are  
32 made to obtain information about the health of a patient.

33 (8) An infusion center that administers intravenous  
34 medications.

35 Sec. 12. (a) A covered individual for whom a nonemergency  
36 health care service has been ordered may request from the health  
37 carrier a good faith estimate of:

38 (1) the amount of the cost of the nonemergency health care  
39 service that the health carrier will:

40 (A) pay for; or

41 (B) reimburse to;

42 the covered individual; or





- 1           (2) the extent and nature of the ordered nonemergency health  
2           care service a covered individual is entitled to receive from  
3           the health carrier.
- 4           (b) If:
- 5           (1) a health carrier provides coverage to a covered individual  
6           through a network plan; and
- 7           (2) the health carrier receives a request for a good faith  
8           estimate from a covered individual for whom a nonemergency  
9           health care service has been ordered;
- 10          the health carrier shall inform the covered individual whether the  
11          provider facility in which the nonemergency health care service  
12          will be provided is in network and whether each scheduled  
13          practitioner who will provide the nonemergency health care  
14          service is in network.
- 15          (c) A health carrier that receives a request from a covered  
16          individual patient under subsection (b) shall, not more than three  
17          (3) business days after receiving the request, provide to the  
18          individual a good faith estimate as described in section 14 of this  
19          chapter.
- 20          (d) A health carrier must ensure that a good faith estimate  
21          provided to an individual under this section is accompanied by a  
22          notice stating that:
- 23                (1) the amount that the health carrier will:
- 24                    (A) pay; or
- 25                    (B) reimburse;
- 26                for or to the covered individual for the nonemergency health  
27                care services the individual receives; and
- 28                (2) the nature and extent of the nonemergency health care  
29                services the individual will receive;
- 30          may vary from the health carrier's good faith estimate based on  
31          the individual's medical needs.
- 32          (e) A health carrier may not charge an individual for  
33          information provided under this section.
- 34          (f) A practitioner and provider facility must provide a health  
35          carrier with timely information needed by the health carrier to  
36          comply with the requirements under this chapter.
- 37          Sec. 13. A health carrier may provide a good faith estimate to an  
38          individual under this chapter:
- 39                (1) in a writing delivered to the individual; or
- 40                (2) by electronic mail;
- 41          according to the preference expressed by the individual.
- 42          Sec. 14. (a) A good faith estimate provided by a health carrier



- 1 to an individual under this chapter must:
- 2 (1) in the case of an insurer or another health carrier that
- 3 pays or reimburses the cost of health care services:
- 4 (A) state the services and material items that the good faith
- 5 estimate is based on;
- 6 (B) set forth for the services and material items referred to
- 7 in clause (A) the amount that the health carrier will:
- 8 (i) pay; or
- 9 (ii) reimburse;
- 10 for or to the covered individual for the service or material
- 11 item;
- 12 (C) include a total figure that is a sum of the amounts
- 13 referred to in clause (B); and
- 14 (D) state the out-of-pocket costs the covered individual will
- 15 incur, if any, beyond the amount that the health carrier
- 16 will pay or reimburse; and
- 17 (2) in the case of a health maintenance organization or
- 18 another health carrier that provides health care services:
- 19 (A) state the nature and extent of the health care services
- 20 to which the covered individual is entitled; and
- 21 (B) state the out-of-pocket costs the covered individual will
- 22 incur, if any, beyond being provided the health care
- 23 services referred to in clause (A).
- 24 (b) A practitioner and provider facility must provide a health
- 25 carrier with timely information needed by the health carrier
- 26 comply to with the requirements under this chapter.
- 27 Sec. 15. A health carrier that provides an Internet web site for
- 28 the use of its covered individuals shall ensure that the Internet web
- 29 site includes a printed notice that:
- 30 (1) is designed, lettered, and featured on the Internet web site
- 31 so as to be conspicuous to and readable by any individual with
- 32 normal vision who visits the Internet web site; and
- 33 (2) states the following, or words to the same effect: "A
- 34 covered individual may at any time ask the health carrier for
- 35 an estimate of the amount the health carrier will pay for or
- 36 reimburse to a covered individual for nonemergency health
- 37 care services that have been ordered for the covered
- 38 individual or the nature and extent of the ordered
- 39 nonemergency health care services a covered individual is
- 40 entitled to receive from the health carrier. The law requires
- 41 that an estimate be provided within 3 business days."
- 42 Sec. 16. (a) If a health carrier fails or refuses:



1           **(1) to provide a good faith estimate as required by this**  
2           **chapter; or**  
3           **(2) to provide notice on the health carrier's Internet web site**  
4           **as required by section 15 of this chapter;**  
5           **the insurance commissioner may, after notice and hearing under**  
6           **IC 4-21.5, impose on the health carrier a civil penalty of not more**  
7           **than one thousand dollars (\$1,000) for each day of noncompliance.**  
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 28. IC 27-4-1-4, AS AMENDED BY P.L.124-2018,  
11          SECTION 64, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE  
12          JULY 1, 2020]: Sec. 4. (a) The following are hereby defined as unfair  
13          methods of competition and unfair and deceptive acts and practices in  
14          the business of insurance:  
15                (1) Making, issuing, circulating, or causing to be made, issued, or  
16                circulated, any estimate, illustration, circular, or statement:  
17                    (A) misrepresenting the terms of any policy issued or to be  
18                    issued or the benefits or advantages promised thereby or the  
19                    dividends or share of the surplus to be received thereon;  
20                    (B) making any false or misleading statement as to the  
21                    dividends or share of surplus previously paid on similar  
22                    policies;  
23                    (C) making any misleading representation or any  
24                    misrepresentation as to the financial condition of any insurer,  
25                    or as to the legal reserve system upon which any life insurer  
26                    operates;  
27                    (D) using any name or title of any policy or class of policies  
28                    misrepresenting the true nature thereof; or  
29                    (E) making any misrepresentation to any policyholder insured  
30                    in any company for the purpose of inducing or tending to  
31                    induce such policyholder to lapse, forfeit, or surrender the  
32                    policyholder's insurance.  
33                (2) Making, publishing, disseminating, circulating, or placing  
34                before the public, or causing, directly or indirectly, to be made,  
35                published, disseminated, circulated, or placed before the public,  
36                in a newspaper, magazine, or other publication, or in the form of  
37                a notice, circular, pamphlet, letter, or poster, or over any radio or  
38                television station, or in any other way, an advertisement,  
39                announcement, or statement containing any assertion,  
40                representation, or statement with respect to any person in the  
41                conduct of the person's insurance business, which is untrue,  
42                deceptive, or misleading.



- 1 (3) Making, publishing, disseminating, or circulating, directly or  
2 indirectly, or aiding, abetting, or encouraging the making,  
3 publishing, disseminating, or circulating of any oral or written  
4 statement or any pamphlet, circular, article, or literature which is  
5 false, or maliciously critical of or derogatory to the financial  
6 condition of an insurer, and which is calculated to injure any  
7 person engaged in the business of insurance.
- 8 (4) Entering into any agreement to commit, or individually or by  
9 a concerted action committing any act of boycott, coercion, or  
10 intimidation resulting or tending to result in unreasonable  
11 restraint of, or a monopoly in, the business of insurance.
- 12 (5) Filing with any supervisory or other public official, or making,  
13 publishing, disseminating, circulating, or delivering to any person,  
14 or placing before the public, or causing directly or indirectly, to  
15 be made, published, disseminated, circulated, delivered to any  
16 person, or placed before the public, any false statement of  
17 financial condition of an insurer with intent to deceive. Making  
18 any false entry in any book, report, or statement of any insurer  
19 with intent to deceive any agent or examiner lawfully appointed  
20 to examine into its condition or into any of its affairs, or any  
21 public official to which such insurer is required by law to report,  
22 or which has authority by law to examine into its condition or into  
23 any of its affairs, or, with like intent, willfully omitting to make a  
24 true entry of any material fact pertaining to the business of such  
25 insurer in any book, report, or statement of such insurer.
- 26 (6) Issuing or delivering or permitting agents, officers, or  
27 employees to issue or deliver, agency company stock or other  
28 capital stock, or benefit certificates or shares in any common law  
29 corporation, or securities or any special or advisory board  
30 contracts or other contracts of any kind promising returns and  
31 profits as an inducement to insurance.
- 32 (7) Making or permitting any of the following:
- 33 (A) Unfair discrimination between individuals of the same  
34 class and equal expectation of life in the rates or assessments  
35 charged for any contract of life insurance or of life annuity or  
36 in the dividends or other benefits payable thereon, or in any  
37 other of the terms and conditions of such contract. However,  
38 in determining the class, consideration may be given to the  
39 nature of the risk, plan of insurance, the actual or expected  
40 expense of conducting the business, or any other relevant  
41 factor.
- 42 (B) Unfair discrimination between individuals of the same



1 class involving essentially the same hazards in the amount of  
 2 premium, policy fees, assessments, or rates charged or made  
 3 for any policy or contract of accident or health insurance or in  
 4 the benefits payable thereunder, or in any of the terms or  
 5 conditions of such contract, or in any other manner whatever.  
 6 However, in determining the class, consideration may be given  
 7 to the nature of the risk, the plan of insurance, the actual or  
 8 expected expense of conducting the business, or any other  
 9 relevant factor.

10 (C) Excessive or inadequate charges for premiums, policy  
 11 fees, assessments, or rates, or making or permitting any unfair  
 12 discrimination between persons of the same class involving  
 13 essentially the same hazards, in the amount of premiums,  
 14 policy fees, assessments, or rates charged or made for:

- 15 (i) policies or contracts of reinsurance or joint reinsurance,  
 16 or abstract and title insurance;
- 17 (ii) policies or contracts of insurance against loss or damage  
 18 to aircraft, or against liability arising out of the ownership,  
 19 maintenance, or use of any aircraft, or of vessels or craft,  
 20 their cargoes, marine builders' risks, marine protection and  
 21 indemnity, or other risks commonly insured under marine,  
 22 as distinguished from inland marine, insurance; or
- 23 (iii) policies or contracts of any other kind or kinds of  
 24 insurance whatsoever.

25 However, nothing contained in clause (C) shall be construed to  
 26 apply to any of the kinds of insurance referred to in clauses (A)  
 27 and (B) nor to reinsurance in relation to such kinds of insurance.  
 28 Nothing in clause (A), (B), or (C) shall be construed as making or  
 29 permitting any excessive, inadequate, or unfairly discriminatory  
 30 charge or rate or any charge or rate determined by the department  
 31 or commissioner to meet the requirements of any other insurance  
 32 rate regulatory law of this state.

33 (8) Except as otherwise expressly provided by law, knowingly  
 34 permitting or offering to make or making any contract or policy  
 35 of insurance of any kind or kinds whatsoever, including but not in  
 36 limitation, life annuities, or agreement as to such contract or  
 37 policy other than as plainly expressed in such contract or policy  
 38 issued thereon, or paying or allowing, or giving or offering to pay,  
 39 allow, or give, directly or indirectly, as inducement to such  
 40 insurance, or annuity, any rebate of premiums payable on the  
 41 contract, or any special favor or advantage in the dividends,  
 42 savings, or other benefits thereon, or any valuable consideration



1 or inducement whatever not specified in the contract or policy; or  
 2 giving, or selling, or purchasing or offering to give, sell, or  
 3 purchase as inducement to such insurance or annuity or in  
 4 connection therewith, any stocks, bonds, or other securities of any  
 5 insurance company or other corporation, association, limited  
 6 liability company, or partnership, or any dividends, savings, or  
 7 profits accrued thereon, or anything of value whatsoever not  
 8 specified in the contract. Nothing in this subdivision and  
 9 subdivision (7) shall be construed as including within the  
 10 definition of discrimination or rebates any of the following  
 11 practices:

12 (A) Paying bonuses to policyholders or otherwise abating their  
 13 premiums in whole or in part out of surplus accumulated from  
 14 nonparticipating insurance, so long as any such bonuses or  
 15 abatement of premiums are fair and equitable to policyholders  
 16 and for the best interests of the company and its policyholders.

17 (B) In the case of life insurance policies issued on the  
 18 industrial debit plan, making allowance to policyholders who  
 19 have continuously for a specified period made premium  
 20 payments directly to an office of the insurer in an amount  
 21 which fairly represents the saving in collection expense.

22 (C) Readjustment of the rate of premium for a group insurance  
 23 policy based on the loss or expense experience thereunder, at  
 24 the end of the first year or of any subsequent year of insurance  
 25 thereunder, which may be made retroactive only for such  
 26 policy year.

27 (D) Paying by an insurer or insurance producer thereof duly  
 28 licensed as such under the laws of this state of money,  
 29 commission, or brokerage, or giving or allowing by an insurer  
 30 or such licensed insurance producer thereof anything of value,  
 31 for or on account of the solicitation or negotiation of policies  
 32 or other contracts of any kind or kinds, to a broker, an  
 33 insurance producer, or a solicitor duly licensed under the laws  
 34 of this state, but such broker, insurance producer, or solicitor  
 35 receiving such consideration shall not pay, give, or allow  
 36 credit for such consideration as received in whole or in part,  
 37 directly or indirectly, to the insured by way of rebate.

38 (9) Requiring, as a condition precedent to loaning money upon the  
 39 security of a mortgage upon real property, that the owner of the  
 40 property to whom the money is to be loaned negotiate any policy  
 41 of insurance covering such real property through a particular  
 42 insurance producer or broker or brokers. However, this



- 1 subdivision shall not prevent the exercise by any lender of the  
2 lender's right to approve or disapprove of the insurance company  
3 selected by the borrower to underwrite the insurance.
- 4 (10) Entering into any contract, combination in the form of a trust  
5 or otherwise, or conspiracy in restraint of commerce in the  
6 business of insurance.
- 7 (11) Monopolizing or attempting to monopolize or combining or  
8 conspiring with any other person or persons to monopolize any  
9 part of commerce in the business of insurance. However,  
10 participation as a member, director, or officer in the activities of  
11 any nonprofit organization of insurance producers or other  
12 workers in the insurance business shall not be interpreted, in  
13 itself, to constitute a combination in restraint of trade or as  
14 combining to create a monopoly as provided in this subdivision  
15 and subdivision (10). The enumeration in this chapter of specific  
16 unfair methods of competition and unfair or deceptive acts and  
17 practices in the business of insurance is not exclusive or  
18 restrictive or intended to limit the powers of the commissioner or  
19 department or of any court of review under section 8 of this  
20 chapter.
- 21 (12) Requiring as a condition precedent to the sale of real or  
22 personal property under any contract of sale, conditional sales  
23 contract, or other similar instrument or upon the security of a  
24 chattel mortgage, that the buyer of such property negotiate any  
25 policy of insurance covering such property through a particular  
26 insurance company, insurance producer, or broker or brokers.  
27 However, this subdivision shall not prevent the exercise by any  
28 seller of such property or the one making a loan thereon of the  
29 right to approve or disapprove of the insurance company selected  
30 by the buyer to underwrite the insurance.
- 31 (13) Issuing, offering, or participating in a plan to issue or offer,  
32 any policy or certificate of insurance of any kind or character as  
33 an inducement to the purchase of any property, real, personal, or  
34 mixed, or services of any kind, where a charge to the insured is  
35 not made for and on account of such policy or certificate of  
36 insurance. However, this subdivision shall not apply to any of the  
37 following:
- 38 (A) Insurance issued to credit unions or members of credit  
39 unions in connection with the purchase of shares in such credit  
40 unions.
- 41 (B) Insurance employed as a means of guaranteeing the  
42 performance of goods and designed to benefit the purchasers



- 1 or users of such goods.
- 2 (C) Title insurance.
- 3 (D) Insurance written in connection with an indebtedness and
- 4 intended as a means of repaying such indebtedness in the
- 5 event of the death or disability of the insured.
- 6 (E) Insurance provided by or through motorists service clubs
- 7 or associations.
- 8 (F) Insurance that is provided to the purchaser or holder of an
- 9 air transportation ticket and that:
  - 10 (i) insures against death or nonfatal injury that occurs during
  - 11 the flight to which the ticket relates;
  - 12 (ii) insures against personal injury or property damage that
  - 13 occurs during travel to or from the airport in a common
  - 14 carrier immediately before or after the flight;
  - 15 (iii) insures against baggage loss during the flight to which
  - 16 the ticket relates; or
  - 17 (iv) insures against a flight cancellation to which the ticket
  - 18 relates.
- 19 (14) Refusing, because of the for-profit status of a hospital or
- 20 medical facility, to make payments otherwise required to be made
- 21 under a contract or policy of insurance for charges incurred by an
- 22 insured in such a for-profit hospital or other for-profit medical
- 23 facility licensed by the state department of health.
- 24 (15) Refusing to insure an individual, refusing to continue to issue
- 25 insurance to an individual, limiting the amount, extent, or kind of
- 26 coverage available to an individual, or charging an individual a
- 27 different rate for the same coverage, solely because of that
- 28 individual's blindness or partial blindness, except where the
- 29 refusal, limitation, or rate differential is based on sound actuarial
- 30 principles or is related to actual or reasonably anticipated
- 31 experience.
- 32 (16) Committing or performing, with such frequency as to
- 33 indicate a general practice, unfair claim settlement practices (as
- 34 defined in section 4.5 of this chapter).
- 35 (17) Between policy renewal dates, unilaterally canceling an
- 36 individual's coverage under an individual or group health
- 37 insurance policy solely because of the individual's medical or
- 38 physical condition.
- 39 (18) Using a policy form or rider that would permit a cancellation
- 40 of coverage as described in subdivision (17).
- 41 (19) Violating IC 27-1-22-25, IC 27-1-22-26, or IC 27-1-22-26.1
- 42 concerning motor vehicle insurance rates.





- 1 (20) Violating IC 27-8-21-2 concerning advertisements referring  
 2 to interest rate guarantees.  
 3 (21) Violating IC 27-8-24.3 concerning insurance and health plan  
 4 coverage for victims of abuse.  
 5 (22) Violating IC 27-8-26 concerning genetic screening or testing.  
 6 (23) Violating IC 27-1-15.6-3(b) concerning licensure of  
 7 insurance producers.  
 8 (24) Violating IC 27-1-38 concerning depository institutions.  
 9 (25) Violating IC 27-8-28-17(c) or IC 27-13-10-8(c) concerning  
 10 the resolution of an appealed grievance decision.  
 11 (26) Violating IC 27-8-5-2.5(e) through IC 27-8-5-2.5(j) (expired  
 12 July 1, 2007, and removed) or IC 27-8-5-19.2 (expired July 1,  
 13 2007, and repealed).  
 14 (27) Violating IC 27-2-21 concerning use of credit information.  
 15 (28) Violating IC 27-4-9-3 concerning recommendations to  
 16 consumers.  
 17 (29) Engaging in dishonest or predatory insurance practices in  
 18 marketing or sales of insurance to members of the United States  
 19 Armed Forces as:  
 20 (A) described in the federal Military Personnel Financial  
 21 Services Protection Act, P.L.109-290; or  
 22 (B) defined in rules adopted under subsection (b).  
 23 (30) Violating IC 27-8-19.8-20.1 concerning stranger originated  
 24 life insurance.  
 25 (31) Violating IC 27-2-22 concerning retained asset accounts.  
 26 (32) Violating IC 27-8-5-29 concerning health plans offered  
 27 through a health benefit exchange (as defined in IC 27-19-2-8).  
 28 (33) Violating a requirement of the federal Patient Protection and  
 29 Affordable Care Act (P.L. 111-148), as amended by the federal  
 30 Health Care and Education Reconciliation Act of 2010 (P.L.  
 31 111-152), that is enforceable by the state.  
 32 (34) After June 30, 2015, violating IC 27-2-23 concerning  
 33 unclaimed life insurance, annuity, or retained asset account  
 34 benefits.  
 35 (35) Willfully violating IC 27-1-12-46 concerning a life insurance  
 36 policy or certificate described in IC 27-1-12-46(a).  
 37 **(36) Violating IC 27-1-37-7 concerning prohibiting the**  
 38 **disclosure of health care services claims data.**  
 39 (b) Except with respect to federal insurance programs under  
 40 Subchapter III of Chapter 19 of Title 38 of the United States Code, the  
 41 commissioner may, consistent with the federal Military Personnel  
 42 Financial Services Protection Act (10 U.S.C. 992 note), adopt rules



1 under IC 4-22-2 to:

2 (1) define; and

3 (2) while the members are on a United States military installation  
4 or elsewhere in Indiana, protect members of the United States  
5 Armed Forces from;

6 dishonest or predatory insurance practices.

7 SECTION 29. IC 36-2-14-21, AS AMENDED BY P.L.1-2007,  
8 SECTION 240, IS AMENDED TO READ AS FOLLOWS  
9 [EFFECTIVE JULY 1, 2020]: Sec. 21. (a) As used in this section,  
10 "health records" means written, electronic, or printed information  
11 possessed by a provider concerning any diagnosis, treatment, or  
12 prognosis of the patient. The term includes mental health records,  
13 alcohol and drug abuse records, and emergency ambulance service  
14 records.

15 (b) As used in this section, "provider" has the meaning set forth in  
16 ~~IC 16-18-2-295(b)~~. **IC 16-18-2-295(c)**.

17 (c) As part of a medical examination or autopsy conducted under  
18 this chapter, a coroner may obtain a copy of the decedent's health  
19 records.

20 (d) Except as provided in subsection (e), health records obtained  
21 under this section are confidential.

22 (e) The coroner may provide the health records of a decedent that  
23 were obtained under this section to a prosecuting attorney or law  
24 enforcement agency that is investigating the individual's death. Health  
25 records received from a coroner under this subsection are confidential.

26 (f) A person who receives confidential records or information under  
27 this section and knowingly or intentionally discloses the records or  
28 information to an unauthorized person commits a Class A  
29 misdemeanor.

30 SECTION 30. **An emergency is declared for this act.**



## COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1005, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 6, delete lines 19 through 23, begin a new paragraph and insert:

"SECTION 5. IC 16-18-2-163.6 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: **Sec. 163.6. "Health care services", for purposes of IC 16-51-1, has the meaning set forth in IC 16-51-1-1.**"

Page 6, line 26, after "163.8." insert "(a)".

Page 6, between lines 28 and 29, begin a new paragraph and insert:

**"(b) "Health carrier", for purposes of IC 16-51-2, has the meaning set forth in IC 16-51-2-1."**

Page 7, delete lines 3 through 7.

Page 7, between lines 38 and 39, begin a new paragraph and insert:

**"(f) "Practitioner", for purposes of IC 16-51-1, has the meaning set forth in IC 16-51-1-4."**

Page 8, between lines 40 and 41, begin a new paragraph and insert:

**"(f) "Provider", for purposes of IC 16-51-2, has the meaning set forth in IC 16-51-2-2."**

Page 9, delete lines 4 through 40, begin a new paragraph and insert:

"SECTION 17. IC 16-18-2-328.7 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: **Sec. 328.7. "Service facility location", for purposes of IC 16-51-1, has the meaning set forth in IC 16-51-1-6.**

SECTION 18. IC 16-18-2-362.1 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]: **Sec. 362.1. "Urgent care facility", for purposes of IC 16-24.5-1, has the meaning set forth in IC 16-24.5-1-1."**

Page 10, line 19, after "estimate" insert "**within three (3) business days**".

Page 10, line 20, delete "or" and insert ".".

Page 10, delete lines 21 through 24.

Page 10, between lines 28 and 29, begin a new paragraph and insert:

**"Sec. 0.5. Nothing in this chapter prohibits:**

**(1) a self-funded health benefit plan that complies with the federal Employee Retirement Income Security Act (ERISA)**



of 1974 (29 U.S.C. 1001 et seq.); or  
 (2) a self-insurance program established to provide group health coverage as described in IC 5-10-8-7(b), or a contract for health services as described in IC 5-10-8-7(c);  
 from providing information requested by a practitioner or provider facility under this chapter."

Page 10, line 33, delete "realistic, honest" and insert "reasonable".

Page 10, line 33, delete "amount" and insert "price".

Page 12, line 6, after "services" insert "ordered, scheduled, or referred by a practitioner".

Page 12, line 6, delete "the:" and insert "the purpose of:".

Page 12, line 18, after "therapists);" insert "or".

Page 12, delete line 19.

Page 12, line 20, delete "(D)" and insert "(C)".

Page 12, delete line 21.

Page 12, between lines 23 and 24, begin a new paragraph and insert:  
**"Sec. 8.5. As used in this chapter, "price" means the negotiated rate between the:**

**(1) provider facility and practitioner; and**

**(2) covered individual's health carrier."**

Page 12, line 35, delete "." and insert ", including outpatient facilities."

Page 12, between lines 40 and 41, begin a new line block indented and insert:

**"(8) An infusion center that administers intravenous medications."**

Page 12, line 41, after "not" insert ":

**(1)"**

Page 12, line 42, delete "recipient." and insert "recipient; or

**(2) limit the authority of a legal representative of the patient."**

Page 13, line 4, delete "amount" and insert "price".

Page 13, line 7, delete "seventy-two (72) hours" and insert "**three (3) business days**".

Page 13, line 10, delete "charge" and insert "price".

Page 13, line 22, delete "and" and insert ",".

Page 13, line 23, delete ":" and insert ", and other persons who provide professional health services:".

Page 13, line 39, delete "amount" and insert "price".

Page 14, line 4, delete "is" and insert "and has been verified as".

Page 14, line 27, delete "or".

Page 14, line 28, after "mail;" insert "or

**(3) through a mobile application;"**



Page 14, line 34, delete "charge" and insert "**price**".

Page 14, line 36, delete "charges" and insert "**prices**".

Page 14, after line 42, begin a new paragraph and insert:

**"(c) A health carrier must provide a provider facility with timely information needed by the provider facility to comply with the requirements under this chapter."**

Page 15, line 2, delete "wait" and insert "**check in or register**".

Page 15, line 14, after "for a" insert "**nonemergency**".

Page 15, line 14, delete "In".

Page 15, line 15, delete "nonemergency situations, the" and insert "**The**".

Page 15, line 16, delete "72 hours." and insert "**3 business days.**".

Page 15, line 24, delete "at any time".

Page 15, line 25, after "for a" insert "**nonemergency**".

Page 15, line 26, delete "In nonemergency situations, the" and insert "**The**".

Page 15, line 27, delete "72 hours." and insert "**3 business days.**".

Page 15, delete lines 28 through 42.

Page 16, delete lines 1 through 25.

Page 16, line 33, delete "chapter." and insert "**chapter for the following:**

**(1) For as many of the seventy (70) shoppable services specified in 45 CFR 180 (as published August 9, 2019, and as subsequently amended) that are provided by the hospital or ambulatory outpatient surgical center.**

**(2) In addition to the services specified in subdivision (1), the thirty (30) most common services that are provided by the hospital or ambulatory outpatient surgical center."**

Page 17, delete lines 3 through 5.

Page 17, line 6, delete "(E)" and insert "**(C)**".

Page 17, line 8, delete "(F)" and insert "**(D)**".

Page 17, line 8, delete "." and insert "**without charitable assistance from the hospital or ambulatory surgical center.**

**(E) Self pay with charitable assistance from the hospital or ambulatory surgical center."**

Page 17, between lines 14 and 15, begin a new paragraph and insert:  
"SECTION 22. IC 16-24.5 IS ADDED TO THE INDIANA CODE AS A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]:

**ARTICLE 24.5. OTHER HEALTH CARE FACILITIES**

**Chapter 1. Urgent Care Facilities**

**Sec. 1. (a) As used in this chapter, "urgent care facility" means**



a free standing health care facility that offers episodic, walk-in care for the treatment of acute, but not life-threatening, health conditions.

(b) The term does not include an emergency department of a hospital or a nonprofit or government operated health clinic.

Sec. 2. (a) Not later than March 31, 2021, an urgent care facility shall post on the Internet web site of the urgent care facility pricing and other information specified in this chapter for the fifteen (15) most common services that are provided by the urgent care facility.

(b) The following information must be included on the Internet web site by an urgent care facility for each billing code, including, if relevant, each diagnosis related group (DRG) billing code and each health care common procedure coding system (HCPCS) billing code:

- (1) The number of services provided for the code.
- (2) A description of the service.
- (3) The weighted average prices paid per service per provider type for each of the following categories:
  - (A) Employer sponsored insurance.
  - (B) Individually purchased insurance.
  - (C) Medicare, including fee for service and Medicare Advantage.
  - (D) Self pay without charitable assistance from the hospital or ambulatory surgical center.
  - (E) Self pay with charitable assistance from the hospital or ambulatory surgical center.

Sec. 3. (a) The information displayed on the Internet web site must be in an easy to read, understandable format, and include the prices for each billing code by provider type.

(b) An urgent care facility shall update the information on the Internet web site on a quarterly basis.

SECTION 23. IC 16-51 IS ADDED TO THE INDIANA CODE AS A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2020]:

## ARTICLE 51. HEALTH CARE REQUIREMENTS

### Chapter 1. Health Care Billing

Sec. 1. (a) As used in this chapter, "health care services" means health care related services or products rendered or sold by a provider within the scope of the provider's license or legal authorization.

(b) The term includes hospital, medical, surgical, dental, vision,



and pharmaceutical services or products.

**Sec. 2.** As used in this chapter, "health maintenance organization" has the meaning set forth in IC 27-13-1-19.

**Sec. 3.** As used in this chapter, "insurer" has the meaning set forth in IC 27-8-11-1(e).

**Sec. 4.** As used in this chapter, "practitioner" means an individual or entity duly licensed or legally authorized to provide health care services.

**Sec. 5.** As used in this chapter, "provider facility" means any of the following:

- (1) A hospital.
- (2) A skilled nursing facility.
- (3) An end stage renal disease provider.
- (4) A home health agency.
- (5) A hospice organization.
- (6) An outpatient physical therapy, occupational therapy, or speech pathology service provider.
- (7) A comprehensive outpatient rehabilitation facility.
- (8) A community mental health center.
- (9) A critical access hospital.
- (10) A federally qualified health center.
- (11) A histocompatibility laboratory.
- (12) An Indian health service facility.
- (13) An organ procurement organization.
- (14) A religious nonmedical health care institution.
- (15) A rural health clinic.

**Sec. 6.** As used in this chapter, "service facility location" means the address where the services of a provider facility or practitioner were provided. The term consists of exact address and place of service codes as required on CMS forms 1500 and 1450, including an office, on-campus location of a hospital, and off-campus location of a hospital.

**Sec. 7. (a)** A provider facility or practitioner shall include the address of the service facility location in order to obtain reimbursement for a commercial claim for health care services from an insurer, health maintenance organization, employer, or other person responsible for the payment of the cost of health care services.

**(b)** An insurer, health maintenance organization, employer, or other person responsible for the payment of the cost of health care services is not required to accept a bill for health care services that does not contain the service facility location.



**Sec. 8. A patient is not liable for any additional payment that is the result of a practitioner or provider facility filing an incorrect form or not including the correct service facility location as required under this chapter.**

**Chapter 2. Centralized Credentialing**

**Sec. 1. (a) As used in this chapter, "health carrier" means an entity:**

- (1) that is subject to IC 27 and the administrative rules adopted under IC 27; and**
- (2) that enters into a contract to:
 
  - (A) provide health care services;**
  - (B) deliver health care services;**
  - (C) arrange for health care services; or**
  - (D) pay for or reimburse any of the costs of health care services.****

**(b) The term includes the following:**

- (1) An insurer, as defined in IC 27-1-2-3(x), that issues a policy of accident and sickness insurance, as defined in IC 27-8-5-1(a).**
- (2) A health maintenance organization, as defined in IC 27-13-1-19.**
- (3) An administrator (as defined in IC 27-1-25-1(a)) that is licensed under IC 27-1-25.**
- (4) Any other entity that provides a plan of health insurance, health benefits, or health care services.**

**Sec. 2. As used in this chapter, "provider" has the meaning set forth in IC 16-18-2-295(c)(1).**

**Sec. 3. (a) The department shall implement a centralized credentials verification organization and credentialing process that:**

- (1) uses a common application, as determined by provider type;**
- (2) issues a single credentialing decision applicable to all health carriers, except as determined by the department;**
- (3) recredentials and revalidates provider information not less than once every three (3) years;**
- (4) requires attestation of enrollment and credentialing information every six (6) months; and**
- (5) is certificated or accredited by the National Committee for Quality Assurance or its successor organization.**

**(b) A health carrier may not require additional credentialing requirements in order to participate in a health carrier's network.**





However, a health carrier may collect additional information from the provider in order to complete a contract or provider agreement.

(c) A health carrier is not required to contract with a provider. However, if a provider is employed by a health care facility that is covered by the health carrier or in the health carrier's network and the provider meets the credentialing requirements under this chapter, the health carrier shall reimburse the provider for any reimbursable services from the date that the provider was employed by the health care facility.

(d) A credentialed provider may be employed by multiple health care facilities.

(e) Except when a provider's professional license is no longer valid, a credential acquired under this chapter is valid until recredentialing is required.

(f) An adverse action under this section is subject to IC 4-21.5.

(g) The department may adopt rules under IC 4-22-2 to implement this section.

(h) The department may adopt emergency rules to implement this section. However, an emergency rule adopted under this section expires the earlier of:

- (1) one (1) year after the rule was accepted for filing under IC 4-22-2-37.1(e); or
- (2) June 30, 2021.

**This subsection expires July 1, 2021."**

Page 17, line 23, delete "realistic, honest" and insert "**reasonable**".

Page 17, line 23, delete "amount" and insert "**price**".

Page 18, line 41, after "services" insert "**ordered, scheduled, or referred by a practitioner**".

Page 19, line 11, after "therapists);" insert "**or**".

Page 19, delete line 12.

Page 19, line 13, delete "(D)" and insert "(C)".

Page 19, delete line 14.

Page 19, between lines 16 and 17, begin a new paragraph and insert: "**Sec. 8.5. As used in this chapter, "price" means the negotiated rate between the:**

- (1) **provider facility and practitioner; and**
- (2) **covered individual's health carrier."**

Page 19, between lines 33 and 34, begin a new line block indented and insert:

**"(8) An infusion center that administers intravenous medications."**



Page 19, line 39, delete "amount" and insert "**price**".

Page 19, line 42, delete "seventy-two (72) hours" and insert "**three (3) business days**".

Page 20, line 2, after "total" insert "**price**".

Page 20, line 37, delete "or".

Page 20, line 38, after "mail;" insert "**or**

**(3) through a mobile application;**".

Page 21, line 2, delete "charge" and insert "**price**".

Page 21, line 4, delete "charges" and insert "**prices**".

Page 21, between lines 10 and 11, begin a new paragraph and insert:

**"(c) A health carrier must provide a practitioner with timely information needed by the practitioner to comply with the requirements under this chapter."**

Page 21, delete lines 21 through 42, begin a new paragraph and insert:

**"Sec. 16. (a) A practitioner that has ordered, scheduled, or referred the individual for a nonemergency health care service shall provide to the individual an electronic or paper copy of a written notice that states the following, or words to the same effect: "A patient may at any time ask a practitioner for an estimate of the amount the practitioner will charge for providing a nonemergency medical service. The law requires that the estimate be provided within 3 business days."**

**(b) The state department may adopt rules under IC 4-22-2 to establish requirements for practitioners to provide additional charging information under this section."**

Page 22, delete lines 1 through 2.

Page 22, line 18, after "13.5." insert "**(a)**".

Page 22, between lines 28 and 29, begin a new paragraph and insert:

**"(b) A copy of the written notification required under this section must be signed by the client."**

Page 22, line 31, after "to" insert ":

**(1)**".

Page 22, line 31, after "contracts" insert "**;** and

**(2) contracts between a provider and a pharmacy benefits manager;**".

Page 22, line 32, after "renewed" insert "**, including contracts that automatically renew after the expiry date,**".

Page 23, delete lines 3 through 4.

Page 23, line 5, delete "2." and insert "**1.**".

Page 23, line 6, delete "established under section 4 of" and insert "**created under**".



- Page 23, line 7, delete "3." and insert "2."
- Page 23, delete lines 24 through 31.
- Page 23, line 32, delete "5." and insert "3."
- Page 24, line 36, delete "6. (a) Before May 30, 2021," and insert "**4. (a) After May 30, 2021, but before June 15, 2021,**".
- Page 24, line 41, delete "5" and insert "3".
- Page 25, line 2, delete "forming" and insert "**informing**".
- Page 25, line 21, delete "7." and insert "5."
- Page 25, line 37, after "carrier's" insert "**reasonable**".
- Page 27, line 13, after "services" insert "**ordered, scheduled, or referred by a practitioner**".
- Page 27, line 25, after "therapists);" insert "**or**".
- Page 27, delete line 26.
- Page 27, line 27, delete "(D)" and insert "(C)".
- Page 27, delete line 28.
- Page 27, between lines 30 and 31, begin a new paragraph and insert:  
**"Sec. 9.5. As used in this chapter, "price" means the negotiated rate between the:**
- (1) provider facility and practitioner; and**
  - (2) covered individual's health carrier;**
- minus the amount that the health carrier will pay."**
- Page 28, between lines 5 and 6, begin a new line block indented and insert:  
**"(8) An infusion center that administers intravenous medications."**
- Page 28, line 25, after "each" insert "**scheduled**".
- Page 28, line 29, delete "twenty-four (24) hours" and insert "**three (3) business days**".
- Page 29, between lines 3 and 4, begin a new paragraph and insert:  
**"(f) A practitioner and provider facility must provide a health carrier with timely information needed by the health carrier to comply with the requirements under this chapter."**
- Page 29, line 9, after "14." insert "**(a)**".
- Page 29, between lines 32 and 33, begin a new paragraph and insert:  
**"(b) A practitioner and provider facility must provide a health carrier with timely information needed by the health carrier to comply with the requirements under this chapter."**
- Page 29, line 34, delete "include on the Internet web" and insert  
**"ensure that the Internet web site includes a printed notice that:**
- (1) is designed, lettered, and featured on the Internet web site so as to be conspicuous to and readable by any individual with normal vision who visits the Internet web site; and**



**(2) states the following, or words to the same effect: "A covered individual may at any time ask the health carrier for an estimate of the amount the health carrier will pay for or reimburse to a covered individual for nonemergency health care services that have been ordered for the covered individual or the nature and extent of the ordered nonemergency health care services a covered individual is entitled to receive from the health carrier. The law requires that an estimate be provided within 3 business days.".**

Page 29, delete lines 35 through 42.

Page 30, delete lines 1 through 4.

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1005 as introduced.)

KIRCHHOFER

Committee Vote: yeas 8, nays 0.

