

First Regular Session of the 122nd General Assembly (2021)

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 2020 Regular Session of the General Assembly.

HOUSE ENROLLED ACT No. 1447

AN ACT to amend the Indiana Code concerning health.

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

SECTION 1. IC 25-1-9-23, AS AMENDED BY THE TECHNICAL CORRECTIONS BILL OF THE 2021 GENERAL ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JUNE 30, 2021]:
Sec. 23. (a) This section does not apply to emergency services.

(b) As used in this section, "covered individual" means an individual who is entitled to be provided health care services at a cost established according to a network plan.

(c) As used in this section, "emergency services" means services that are:

- (1) furnished by a provider qualified to furnish emergency services; and
- (2) needed to evaluate or stabilize an emergency medical condition.

(d) As used in this section, "in network practitioner" means a practitioner who is required under a network plan to provide health care services to covered individuals at not more than a preestablished rate or amount of compensation.

(e) As used in this section, "network plan" means a plan under which facilities and practitioners are required by contract to provide health care services to covered individuals at not more than a preestablished rate or amount of compensation.

(f) As used in this section, "out of network" means that the health care services provided by the practitioner to a covered

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individual are not subject to the covered individual's health carrier network plan.

- ~~(f)~~ **(g)** As used in this section, "practitioner" means the following:
- (1) An individual ~~licensed under IC 25 who provides professional health care services to individuals in a facility; who holds:~~
 - (A) an unlimited license, certificate, or registration;**
 - (B) a limited or probationary license, certificate, or registration;**
 - (C) a temporary license, certificate, registration, or permit;**
 - (D) an intern permit; or**
 - (E) a provisional license;****issued by the board (as defined in IC 25-0.5-11-1) regulating the profession in question.**
 - ~~(2) An organization:~~
 - ~~(A) that consists of practitioners described in subdivision (1); and~~
 - ~~(B) through which practitioners described in subdivision (1) provide health care services.~~
 - ~~(3)~~ **(2)** An entity that:
 - ~~(A) is not a facility; and owned by, or employs; or~~
 - ~~(B) performs billing for professional health care services rendered by;~~**an individual described in subdivision (1).**
 - ~~(B) employs practitioners described in subdivision (1) to provide health care services.~~

The term does not include a dentist licensed under IC 25-14, an optometrist licensed under IC 25-24, or a provider facility (as defined in IC 25-1-9.8-10).

~~(g)~~ **(h)** An in network practitioner who provides covered health care services to a covered individual may not charge more for the covered health care services than allowed according to the rate or amount of compensation established by the individual's network plan.

~~(h)~~ **(i)** This subsection is effective beginning ~~July 1, 2021~~. **January 1, 2022.** Except as provided in subsection ~~(f); (m); (n)~~, a practitioner shall ~~provide to a covered individual; at least five (5) days before the health care service is scheduled to be provided to the covered individual; a good faith estimate of the amount that the practitioner intends to charge the covered individual for the health care service and in compliance with IC 25-1-9.8-14(a);~~ **comply with the requirements set forth in Section 2799B-6 of the Public Health Service Act, as added by Public Law 116-260.**

~~(i)~~ **(j)** An out of network practitioner who provides health care



services at an in network facility to a covered individual may not be reimbursed more for the health care services than allowed according to the rate or amount of compensation established by the covered individual's network plan unless all of the following conditions are met:

(1) At least five (5) **business** days before the health care services are scheduled to be provided to the covered individual, the practitioner provides to the covered individual, on a form separate from any other form provided to the covered individual by the practitioner, a statement in conspicuous type **at least as large as 14 point type** that meets the following requirements:

(A) Includes a notice reading substantially as follows: "[Name of practitioner] ~~intends to charge you more for [name or description of health care services] than allowed according to the rate or amount of compensation established by the network plan applying to your coverage.~~ **is an out of network practitioner providing [type of care] with [name of in network facility], which is an in network provider facility within your health carrier's plan.** [Name of practitioner] is not entitled to charge this much for [name or description of health care services] **will not be allowed to bill you the difference between the price charged by the practitioner and the rate your health carrier will reimburse for the services during your care at [name of in network facility]** unless you give your written consent to the charge."

(B) Sets forth the practitioner's good faith estimate of the amount that the practitioner intends to charge for the health care services provided to the covered individual.

(C) Includes a notice reading substantially as follows concerning the good faith estimate set forth under clause (B): "The estimate of our intended charge for [name or description of health care services] set forth in this statement is provided in good faith and is our best estimate of the amount we will charge. If our actual charge for [name or description of health care services] exceeds our estimate **by the greater of:**

(i) one hundred dollars (\$100); or

(ii) five percent (5%);

we will explain to you why the charge exceeds the estimate."

(2) The covered individual signs the statement provided under subdivision (1), signifying the covered individual's consent to the charge for the health care services being greater than allowed according to the rate or amount of compensation established by the network plan.



~~(j)~~ **(k)** If an out of network practitioner does not meet the requirements of subsection ~~(i)~~, **(j)**, the out of network practitioner shall include on any bill remitted to a covered individual a written statement in ~~14 point~~ **conspicuous** type stating that the covered individual is not responsible for more than the rate or amount of compensation established by the covered individual's network plan plus any required copayment, deductible, or coinsurance.

~~(k)~~ **(l)** If a covered individual's network plan remits reimbursement to the covered individual for health care services subject to the reimbursement limitation of subsection ~~(i)~~, **(j)**, the network plan shall provide with the reimbursement a written statement in ~~14 point~~ **conspicuous** type that states that the covered individual is not responsible for more than the rate or amount of compensation established by the covered individual's network plan and that is included in the reimbursement plus any required copayment, deductible, or coinsurance.

~~(l)~~ **(m)** If the charge of a practitioner for health care services provided to a covered individual exceeds the estimate provided to the covered individual under subsection ~~(i)(1)(B)~~, **(j)(1)(B)** by the greater of:

(1) one hundred dollars (\$100); or

(2) five percent (5%);

the facility or practitioner shall explain in a writing provided to the covered individual why the charge exceeds the estimate.

~~(m)~~ **(n)** An in network practitioner is not required to provide a covered individual with the good faith estimate required under subsection ~~(h)~~ **(i)** if the nonemergency health care service is scheduled to be performed by the practitioner within five (5) business days after the health care service is ordered.

~~(n)~~ **(o)** The department of insurance shall adopt emergency rules under IC 4-22-2-37.1 to specify the requirements of the notifications set forth in subsections ~~(j)~~ **(k)** and ~~(k)~~, **(l)**.

SECTION 2. IC 25-1-9.8-2, AS ADDED BY P.L.93-2020, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 2. As used in this chapter, "good faith estimate" means a reasonable estimate of the price ~~a practitioner~~ **each provider** anticipates charging for an episode of care for nonemergency health care services that:

(1) is made by a practitioner **or provider facility** under this chapter upon the request of:

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



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

(2) is not binding upon the ~~practitioner~~ **provider**.

SECTION 3. IC 25-1-9.8-8, AS ADDED BY P.L.93-2020, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 8. (a) As used in this chapter, "practitioner" means **the following:**

(1) An individual ~~or entity duly licensed or legally authorized to provide health care services~~ **who holds:**

(A) **an unlimited license, certificate, or registration;**

(B) **a limited or probationary license, certificate, or registration;**

(C) **a temporary license, certificate, registration, or permit;**

(D) **an intern permit; or**

(E) **a provisional license;**

issued by the board (as defined in IC 25-0.5-11-1) regulating the profession in question.

(2) **An entity that:**

(A) **is owned by, or employs; or**

(B) **performs billing for professional health care services rendered by;**

an individual described in subdivision (1).

(b) The term does not include the following:

(1) A dentist licensed under IC 25-14.

(2) An optometrist licensed under IC 25-24.

(3) A provider facility.

SECTION 4. IC 25-1-9.8-14, AS ADDED BY P.L.93-2020, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 14. (a) A good faith estimate provided by a practitioner to an individual under this chapter must meet the following requirements:

(1) Provide a summary of the services and material items that the good faith estimate is based on.

(2) Include:

(A) the price charged for the services and material items that the practitioner will provide and charge the individual; and

(B) the price that the provider facility in which the health care service will be performed charged for:

(i) the use of the provider facility to care for the individual for the nonemergency health care service;

(ii) the services rendered by the **employed or contracted** staff of the provider facility in connection with the



nonemergency health care service; and
 (iii) medication, supplies, equipment, and material items to be provided to or used by the individual while the individual is present in the provider facility in connection with the nonemergency health care service;

for imaging, laboratory services, diagnostic services, therapy, observation services, and other services expected to be provided to the individual for the episode of care.

(3) Include a total figure that is a sum of the estimated prices referred to in subdivisions (1) and (2).

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

(c) A health carrier and a provider facility must provide a practitioner with the information needed by the practitioner to comply with the requirements under this chapter not more than two (2) business days after receiving the request. The provider facility shall provide the practitioner with all relevant information for services and costs for the good faith estimate that are to be provided by the provider facility for inclusion in a good faith estimate by the practitioner.

(d) A practitioner is not subject to the penalties under section 19 of this chapter if:

- (1) a health carrier or provider facility fails to provide the practitioner with the information as required under subsection (c);
- (2) the practitioner provides the individual with a good faith estimate based on any information that the practitioner has; and
- (3) the practitioner provides the individual with an updated good faith estimate after the health carrier or provider facility has provided the information required under subsection (c).

SECTION 5. IC 25-1-9.8-16, AS AMENDED BY THE TECHNICAL CORRECTIONS BILL OF THE 2021 GENERAL ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 16. (a) A practitioner that has **scheduled or ordered** ~~the for an~~ 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 health care provider for an estimate of the price the health care providers and health facility will charge for providing a nonemergency ~~medical~~ **health care** service. The law requires that the estimate be provided within 5 business days **of scheduling the nonemergency health care service unless the nonemergency health**



care service is scheduled to be performed by the practitioner within 5 business days of the date of the patient's request."

(b) The appropriate board (as defined in IC 25-1-9-1) may adopt rules under IC 4-22-2 to establish requirements for practitioners to provide additional charging information under this section.

SECTION 6. IC 25-1-9.8-18, AS ADDED BY P.L.93-2020, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 18. (a) As used in this section, "waiting room" means a space in a building used by a practitioner in which people check in or register to:

- (1) be seen by practitioners; or
- (2) meet with members of the staff of a practitioner's office.

(b) A practitioner shall ensure that each waiting room of the practitioner's office includes at least one (1) printed notice that:

- (1) is designed, lettered, and positioned within the waiting room so as to be conspicuous to and readable by any individual with normal vision who visits the waiting room; and
- (2) states the following, or words to the same effect: "A patient may ask for an estimate of the amount the patient will be charged for a nonemergency medical service provided in this practitioner office. The law requires that an estimate be provided within 5 business days."

(c) If a practitioner maintains an Internet web site, the practitioner shall ensure that the Internet web site includes at least one (1) 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

(a) Each provider must make diligent attempts to ensure that the patient is aware of the patient's right to request a good faith estimate under this chapter. The communication by each provider of information to the patient concerning the right to a good faith estimate must be conspicuous and must be provided by at least three (3) of the following means:

- (1) Notice on the provider's Internet web site.
- (2) On hold messaging.
- (3) Waiting room notification.
- (4) Preappointment reminders, including through electronic mail (email) or text messaging.
- (5) During appointment or services check in.
- (6) During appointment or services check out.



(7) During patient financial services or billing department inquiries.

(8) Through an electronic medical and patient communication portal.

(b) The communication required under subsection (a) must state the following, or words to the same effect: "A patient may ask for an estimate of the amount the patient will be charged for a nonemergency medical service provided in our office. The law requires that an estimate be provided within 5 business days of scheduling the nonemergency health care service unless the nonemergency health care service is scheduled to be performed by the practitioner within 5 business days of the date of the patient's request."

SECTION 7. IC 25-1-9.8-19, AS ADDED BY P.L.93-2020, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 19. The appropriate board (as defined in IC 25-1-9-1) may take action against a practitioner:

- (1) under IC 25-1-9-9(a)(3) or IC 25-1-9-9(a)(4) for an initial violation or isolated violations of this chapter; or
- (2) under IC 25-1-9-9(a)(6) for repeated or persistent violations of this chapter;

concerning the providing of a good faith estimate to an individual for whom a nonemergency health care service has been ordered or the ~~providing of notice in the practitioner's waiting room or on the practitioner's Internet web site that a patient may at any time ask for an~~ **communication to a patient under section 18 of this chapter of information concerning the patient's right to a good faith** estimate of the price that the patient will be charged for a medical service.

SECTION 8. IC 27-1-45-5, AS ADDED BY P.L.93-2020, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 5. **(a)** As used in this chapter, "practitioner" means the following:

- (1) An individual: ~~licensed under IC 25~~
 - (A) who holds:**
 - (i) an unlimited license, certificate, or registration;**
 - (ii) a limited or probationary license, certificate, or registration;**
 - (iii) a temporary license, certificate, registration, or permit;**
 - (iv) an intern permit; or**
 - (v) a provisional license;**
- issued by the board (as defined in IC 25-0.5-11-1) regulating the profession in question; and**



(B) who provides professional health care services to individuals in a facility.

(2) ~~An organization;~~ **entity that:**

(A) ~~that consists of practitioners described in subdivision (1); and is owned by, or employs; or~~

(B) ~~through which practitioners described in subdivision (1) provide health care services;~~ **performs billing for professional health care services rendered by;**

an individual described in subdivision (1).

(3) ~~An entity that:~~

(A) ~~is not a facility; and~~

(B) ~~employs practitioners described in subdivision (1) to provide health care services.~~

(b) The term does not include the following:

(1) A dentist licensed under IC 25-14.

(2) An optometrist licensed under IC 25-24.

(3) A provider facility.

SECTION 9. IC 27-1-45-7, AS ADDED BY P.L.93-2020, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JUNE 30, 2021]: Sec. 7. (a) This section is effective beginning ~~July 1, 2021~~ **January 1, 2022.**

(b) Except as provided in subsection (c), a:

(1) facility; and

(2) practitioner;

~~shall provide to a covered individual, at least five (5) days before a health care service is scheduled to be provided by the facility or practitioner to the covered individual, a good faith estimate of the amount that the facility or practitioner intends to charge for each health care service to be provided to the covered individual and in compliance with IC 27-1-46-11(c).~~ **shall provide to a covered individual, at least five (5) days before a health care service is scheduled to be provided by the facility or practitioner to the covered individual, a good faith estimate of the amount that the facility or practitioner intends to charge for each health care service to be provided to the covered individual and in compliance with the requirements of Section 2799B-6 of the Public Health Service Act, as added by Public Law 116-260.**

(c) A facility or a practitioner is not required to provide the good faith estimate required in subsection (b) if the health care service to be provided to the covered individual is scheduled to be performed within five (5) business days after the health care service is ordered.

SECTION 10. IC 27-1-45-8, AS ADDED BY P.L.93-2020, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 8. (a) An out of network practitioner who provides health care services at an in network facility to a covered individual may not be reimbursed more for the health care services than allowed according to the rate or amount of compensation established by the



covered individual's network plan as described in subsection (b) unless all of the following conditions are met:

(1) At least five (5) **business** days before the health care ~~services~~ **are service is** scheduled to be provided to the covered individual, the facility or practitioner provides to the covered individual, on a form separate from any other form provided to the covered individual by the facility or practitioner, a statement in conspicuous type ~~at least as large as 14 point type~~ that meets the following requirements:

(A) Includes a notice reading substantially as follows: "[Name of facility or practitioner] ~~intends to charge you more for [name or description of health care services] than allowed according to the rate or amount of compensation established by the network plan applying to your coverage.~~ **is an out of network practitioner providing [type of care], with [name of in network facility], which is an in network provider facility within your health carrier's plan.** [Name of facility or practitioner] ~~is not entitled to charge this much for [name or description of health care services]~~ **will not be allowed to bill you the difference between the price charged for the services and the rate your health carrier will reimburse for the services during your care at [name of in network facility]** unless you give your written consent to the charge."

(B) Sets forth the facility's or practitioner's good faith estimate of the ~~amount that the facility or practitioner intends to charge~~ **established fee** for the health care services provided to the covered individual.

(C) Includes a notice reading substantially as follows concerning the good faith estimate set forth under clause (B): "The estimate of our intended charge for [name or description of health care services] set forth in this statement is provided in good faith and is our best estimate of the amount we will charge. If ~~our~~ **the** actual charge for [name or description of health care services] exceeds our estimate **by the greater of:**

(i) one hundred dollars (\$100); or

(ii) five percent (5%);

we will explain to you why the charge exceeds the estimate."

(2) The covered individual signs the statement provided under subdivision (1), signifying the covered individual's consent to the charge for the health care services being greater than allowed according to the rate or amount of compensation established by the network plan.



(b) If an out of network practitioner does not meet the requirements of subsection (a), the out of network practitioner shall include on any bill remitted to a covered individual a written statement in ~~14 point~~ **conspicuous** type stating that the covered individual is not responsible for more than the rate or amount of compensation established by the covered individual's network plan plus any required copayment, deductible, or coinsurance.

(c) If a covered individual's network plan remits reimbursement to the covered individual for health care services ~~subject to the reimbursement limitation that did not meet the requirements of~~ subsection (a), the network plan shall provide with the reimbursement a written statement in ~~14 point~~ **conspicuous** type that states that the covered individual is not responsible for more than the rate or amount of compensation established by the covered individual's network plan and that is included in the reimbursement plus any required copayment, deductible, or coinsurance.

(d) If the charge of a facility or practitioner for health care services provided to a covered individual exceeds the estimate provided to the covered individual under subsection (a)(1)(B) **by an amount greater than:**

(1) one hundred dollars (\$100); or

(2) five percent (5%);

the facility or practitioner shall explain in a writing provided to the covered individual why the charge exceeds the estimate.

(e) The department shall adopt emergency rules under IC 4-22-2-37.1 to specify the requirements of the notifications set forth in:

(1) subsections (b) and (c); and

(2) ~~IC 25-1-9-23(j) and IC 25-1-9-23(k).~~ **IC 25-1-9-23(k) and IC 25-1-9-23(l).**

SECTION 11. IC 27-1-46-2, AS ADDED BY P.L.93-2020, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 2. As used in this chapter, "good faith estimate" means a reasonable estimate of the price ~~a~~ **each** provider anticipates charging for an episode of care for nonemergency health care services that:

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

(2) is not binding upon the provider.

SECTION 12. IC 27-1-46-8, AS ADDED BY P.L.93-2020, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE



JULY 1, 2021]: Sec. 8. (a) As used in this chapter, "practitioner" means:

- (1) an individual **who holds:**
 - (A) **an unlimited license, certificate, or registration;**
 - (B) **a limited or probationary license, certificate, or registration;**
 - (C) **a temporary license, certificate, registration, or permit;**
 - (D) **an intern permit; or**
 - (E) **a provisional license;**

issued by the board (as defined in IC 25-0.5-11-1) regulating the profession in question; or

- (2) **an entity ~~duly licensed or legally authorized to provide health care services.~~ that:**

- (A) **is owned by, or employs; or**
 - (B) **performs billing for professional health care services rendered by;**

an individual described in subdivision (1).

- (b) The term does not include the following:

- (1) A dentist licensed under IC 25-14.
 - (2) An optometrist licensed under IC 25-24.

(3) A provider facility.

SECTION 13. IC 27-1-46-11, AS ADDED BY P.L.93-2020, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 11. (a) This section does not:

- (1) apply to ~~a~~ **an** individual who is a Medicaid recipient; or
 - (2) limit the authority of a legal representative of the patient.

(b) An individual for whom a nonemergency health care service has been ordered, scheduled, or referred may request from the provider facility in which the nonemergency health care service will be provided a good faith estimate of the price that will be charged for the nonemergency health care service.

(c) A provider facility that receives a request from an individual under subsection (b) shall, not more than five (5) business days after receiving relevant information from the individual, provide to the individual a good faith estimate of:

- (1) the price that the provider facility in which the health care service will be performed will charge for:
 - (A) the use of the provider facility to care for the individual for the nonemergency health care service;
 - (B) the services rendered by the **employed or contracted** staff of the provider facility in connection with the nonemergency health care service; and



- (C) medication, supplies, equipment, and material items to be provided to or used by the individual while the individual is present in the provider facility in connection with the nonemergency health care service; and
- (2) the price charged for the services of all practitioners, support staff, and other persons who provide professional health services:
 - (A) who may provide services to or for the individual during the individual's presence in the provider facility for the nonemergency health care service; and
 - (B) for whose services the individual will be charged separately from the charge of the provider facility.
- (d) The price that must be included in a good faith estimate under this section includes all services under subsection (c)(1) or (c)(2) for imaging, laboratory services, diagnostic services, therapy, observation services, and other services expected to be provided to the individual for the episode of care.
- (e) A provider facility shall ensure that a good faith estimate states that:
 - (1) an estimate provided under this section is not binding on the provider facility;
 - (2) the price the provider facility charges the individual may vary from the estimate based on the individual's medical needs; and
 - (3) the estimate provided under this section is only valid for thirty (30) days.
- (f) A provider facility may not charge a patient for information provided under this section.

SECTION 14. IC 27-1-46-15, AS ADDED BY P.L.93-2020, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 15. (a) As used in this section, "waiting room" means a space in a building used by a provider facility in which people check in or register to:

- (1) be seen by practitioners; or
- (2) meet with members of the staff of the provider facility.
- (b) A provider facility shall ensure that each waiting room of the provider facility includes at least one (1) printed notice that:
 - (1) is designed, lettered, and positioned within the waiting room so as to be conspicuous to and readable by any individual with normal vision who visits the waiting room; and
 - (2) states the following, or words to the same effect: "A patient may ask for an estimate of the amount the patient will be charged for a nonemergency medical service provided in this facility. The law requires that an estimate be provided within 5 business



days."

(c) If a provider facility maintains an Internet web site, the provider facility shall ensure that the Internet web site includes at least one (1) 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

(a) Each provider must make diligent attempts to ensure that the patient is aware of the patient's right to request a good faith estimate under this chapter. The communication by a provider to the patient concerning the right to a good faith estimate must be conspicuous and must be provided by at least three (3) of the following means:

(1) Notice on the provider's Internet web site.

(2) On hold messaging.

(3) Waiting room notification.

(4) Preappointment reminders, including through electronic mail (email) or text messaging.

(5) During appointment or services check in.

(6) During appointment or services check out.

(7) During patient financial services or billing department inquiries.

(8) Through an electronic medical and patient communication portal.

(b) The communication required under subsection (a) must state the following, or words to the same effect: "A patient may ask for an estimate of the amount the patient will be charged for a nonemergency ~~medical~~ **health care** service provided in our facility. The law requires that an estimate be provided within 5 business days."

SECTION 15. IC 27-1-46-16, AS ADDED BY P.L.93-2020, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 16. If:

(1) a provider facility receives a request for a good faith estimate under this chapter; and

(2) the patient is eligible for Medicare coverage;

the provider facility shall provide a good faith estimate to the patient within five (5) business days based on available Medicare **cost sharing** rates.

SECTION 16. IC 27-1-46-17, AS ADDED BY P.L.93-2020, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 17. (a) If a provider facility fails or refuses:



- (1) to provide a good faith estimate as required by this chapter; or
- (2) to provide ~~notice on the provider facility's Internet web site~~ **communication to a patient of information concerning the patient's right to a good faith estimate** as required under **section 15** of this chapter;

the insurance commissioner may, after notice and hearing under IC 4-21.5, impose on the provider facility a civil penalty of not more than one thousand dollars (\$1,000) for each violation.

(b) A civil penalty collected under this section shall be deposited in the department of insurance fund established by IC 27-1-3-28.

SECTION 17. IC 27-2-25-9, AS ADDED BY P.L.93-2020, SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 9. (a) As used in this chapter, "practitioner" means:

- (1) **an individual who holds:**
 - (A) **an unlimited license, certificate, or registration;**
 - (B) **a limited or probationary license, certificate, or registration;**
 - (C) **a temporary license, certificate, registration, or permit;**
 - (D) **an intern permit; or**
 - (E) **a provisional license;**
- issued by the board (as defined in IC 25-0.5-11-1) regulating the profession in question; or**
- (2) **an entity that:**
 - (A) **is owned by, or employs; or**
 - (B) **performs billing for professional health care services rendered by;**

~~an individual or entity duly licensed or legally authorized to provide health care services; described in subdivision (1).~~

(b) The term does not include the following:

- (1) A dentist licensed under IC 25-14.
- (2) An optometrist licensed under IC 25-24.

(3) A provider facility.

SECTION 18. IC 27-2-25-16, AS ADDED BY P.L.93-2020, SECTION 13, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2021]: Sec. 16. (a) If a health carrier fails or refuses:

- (1) to provide a good faith estimate as required by this chapter; or
- (2) to provide notice on the health carrier's Internet web site as required by section 15 of this chapter;

the insurance commissioner may, after notice and hearing under IC 4-21.5, impose on the health carrier a civil penalty of not more than one thousand dollars (\$1,000) for each day of noncompliance.



(b) A health carrier may satisfy the requirements of this chapter described in subsection (a)(1) and (a)(2) by complying with the requirements set forth in Section 2799A-1 of the federal Public Health Service Act, as added by Public Law 116-260.

~~(b)~~ (c) A civil penalty collected under ~~this section~~ subsection (a) shall be deposited in the department of insurance fund established by IC 27-1-3-28.

SECTION 19. An emergency is declared for this act.



Speaker of the House of Representatives

President of the Senate

President Pro Tempore

Governor of the State of Indiana

Date: _____ Time: _____

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