



1 pain such that a prudent layperson, possessing average knowledge of  
2 health and medicine, could reasonably expect to result in 1 or all  
3 of the following:

4 (a) Placing the health of the individual or, in the case of a  
5 pregnant woman, the health of the woman or the unborn child, or  
6 both, in serious jeopardy.

7 (b) Serious impairment of bodily function.

8 (c) Serious dysfunction of a body organ or part.

9 (2) "Group health plan" means an employer program of health  
10 benefits, including an employee welfare benefit plan as defined in  
11 section 3(1) of subtitle A of title I of the employee retirement  
12 income security act of 1974, Public Law 93-406, 29 USC 1002, to the  
13 extent that the plan provides medical care, including items and  
14 services paid for as medical care to employees or their dependents  
15 as defined under the terms of the plan directly or through  
16 insurance, reimbursement, or otherwise.

17 (3) "Health benefit plan" means a group health plan, an  
18 individual or group expense-incurred hospital, medical, or surgical  
19 policy or certificate, or an individual or group health maintenance  
20 organization contract. Health benefit plan does not include  
21 accident-only, credit, dental, or disability income insurance;  
22 long-term care insurance; coverage issued as a supplement to  
23 liability insurance; coverage only for a specified disease or  
24 illness; worker's compensation or similar insurance; or automobile  
25 medical-payment insurance.

26 (4) "Health care service" means a diagnostic procedure,  
27 medical or surgical procedure, examination, or other treatment.

28 (5) "Health facility" means any of the following:

29 (a) A hospital.



1 (b) A freestanding surgical outpatient facility as that term  
2 is defined in section 20104.

3 (c) A skilled nursing facility as that term is defined in  
4 section 20109.

5 (d) A physician's office or other outpatient setting.

6 (e) A laboratory.

7 (f) A radiology or imaging center.

8 (6) "Hospital" means that term as defined in section 20106.

9 Sec. 24503. (1) "Nonemergency patient" means an individual  
10 whose physical or mental condition is such that the individual may  
11 reasonably be suspected of not being in imminent danger of loss of  
12 life or of significant health impairment.

13 (2) "Nonparticipating health facility" means a health facility  
14 that is not a participating health facility.

15 (3) "Nonparticipating provider" means a provider who is not a  
16 participating provider.

17 Sec. 24504. (1) "Participating health facility" means a health  
18 facility that, under contract with an insurer that issues or  
19 administers health benefit plans, or with the insurer's contractor  
20 or subcontractor, has agreed to provide health care services to  
21 individuals who are covered by health benefit plans issued or  
22 administered by the insurer and to accept payment by the insurer,  
23 contractor, or subcontractor for the services covered by the health  
24 benefit plans as payment in full, other than coinsurance,  
25 copayments, or deductibles.

26 (2) "Participating provider" means a provider who, under  
27 contract with an insurer that issues or administers health benefit  
28 plans, or with the insurer's contractor or subcontractor, has  
29 agreed to provide health care services to individuals who are



1 covered by health benefit plans issued or administered by the  
 2 insurer and to accept payment by the insurer, contractor, or  
 3 subcontractor for the services covered by the health benefit plans  
 4 as payment in full, other than coinsurance, copayments, or  
 5 deductibles.

6 (3) "Patient's representative" means any of the following:

7 (a) A person to whom a nonemergency patient has given express  
 8 written consent to represent the patient.

9 (b) A person authorized by law to provide consent for a  
 10 nonemergency patient.

11 (c) A provider who is treating a nonemergency patient, but  
 12 only if the patient is unable to provide consent.

13 (4) "Provider" means an individual who is licensed,  
 14 registered, or otherwise authorized to engage in a health  
 15 profession under article 15.

16 Sec. 24507. (1) Subsection (2) applies to a nonparticipating  
 17 provider who is providing a health care service if any of the  
 18 following apply:

19 (a) The health care service is covered by an emergency  
 20 patient's health benefit plan and is provided to the emergency  
 21 patient by the nonparticipating provider at a participating health  
 22 facility or nonparticipating health facility.

23 (b) The health care service is covered by a nonemergency  
 24 patient's health benefit plan and is provided to the nonemergency  
 25 patient by the nonparticipating provider at a participating health  
 26 facility and either of the following applies:

27 (i) The nonemergency patient does not have the ability or  
 28 opportunity to choose a participating provider and has not been  
 29 provided the disclosure required under section 24509.



1 (ii) The only provider available to perform the health care  
2 service at the facility is the nonparticipating provider.

3 (c) The health care service is provided by the  
4 nonparticipating provider at a hospital that is a participating  
5 health facility to an emergency patient who was admitted to the  
6 hospital within 72 hours after receiving a health care service in  
7 the hospital's emergency room.

8 (2) If any of the circumstances described in subsection (1)  
9 apply, the nonparticipating provider shall accept from the  
10 patient's insurer, as payment in full, the greater of the following  
11 and shall not collect or attempt to collect from the patient any  
12 amount other than any applicable coinsurance, copayment, or  
13 deductible:

14 (a) The average amount negotiated by the patient's health  
15 benefit plan with participating providers for the health care  
16 service provided, excluding any in-network coinsurance, copayments,  
17 or deductibles.

18 (b) One hundred and fifty percent of the amount that would be  
19 covered by Medicare for the health care service provided, excluding  
20 any in-network coinsurance, copayments, or deductibles.

21 (3) If the circumstance described in subsection (1)(c)  
22 applies, this section applies to any health care service provided  
23 by a nonparticipating provider to the emergency patient during his  
24 or her hospital stay.

25 Enacting section 1. This amendatory act does not take effect  
26 unless Senate Bill No. 572 of the 100th Legislature is enacted into  
27 law.

