

SENATE SUBSTITUTE FOR  
HOUSE BILL NO. 4460

A bill to amend 1978 PA 368, entitled  
"Public health code,"  
(MCL 333.1101 to 333.25211) by adding section 24509 to article 18.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1           Sec. 24509. (1) Subject to subsection (2), a nonparticipating  
2 provider who is providing a health care service to a nonemergency  
3 patient shall provide the disclosure described in subsection (3) to  
4 the nonemergency patient at the earliest of the following:

5           (a) If the health care service was scheduled and is being  
6 provided in a health facility described in section 24502(7)(a),  
7 (b), (c), (e), or (f), at least 14 days before providing the health  
8 care service or, if the health care service will be provided within  
9 14 days after scheduling the health care service, within 14 days.



1 (b) If the health care service is being provided in a health  
2 facility described in section 24502(7)(d), at the time of the  
3 nonparticipating provider's first contact with the nonemergency  
4 patient regarding the health care service.

5 (c) During 1 of the following:

6 (i) A presurgical consultation for the health care service.

7 (ii) A scheduling or intake call for the health care service.

8 (iii) A preoperative review for the health care service.

9 (iv) Any other contact occurring before a health care service  
10 that is similar to a contact described in subparagraph (i), (ii), or  
11 (iii).

12 (2) A nonparticipating provider shall not provide the  
13 disclosure described in subsection (3) to a nonemergency patient at  
14 the time of the nonemergency patient's admittance to a health  
15 facility described in section 24502(7)(a), (b), (c), (e), or (f),  
16 or at the time of preparing the nonemergency patient for a surgery  
17 or another medical procedure.

18 (3) The disclosure required under subsection (1) must be in  
19 not less than 12-point type and in substantially the following  
20 form:

21 "Your health benefit plan may or may not provide coverage for  
22 all of the health care services you are scheduled to receive or the  
23 providers providing those services. You may be responsible for the  
24 costs of the services that are not covered by your health benefit  
25 plan.

26 The nonparticipating provider must provide a good-faith  
27 estimate of the cost of the health care services to be provided. A  
28 good-faith estimate does not take into account unforeseen  
29 circumstances, which may affect the cost of the health care



1 services provided.

2 You also have a right to request that the health care services  
3 be performed by a provider that participates with your health  
4 benefit plan, and may contact your carrier to arrange for those  
5 services to be provided at a lower cost and to receive information  
6 on in-network providers who can perform the health care services  
7 that you need.

8 I have received, read, and understand this disclosure.

9 \_\_\_\_\_

10 (Patient or patient's representative's signature) (Date)

11 \_\_\_\_\_

12 (Type or print name of patient or patient's representative)".

13 (4) A nonparticipating provider shall do all of the following:

14 (a) Complete the disclosure described in subsection (3) and,  
15 after completing the disclosure, obtain on the disclosure the  
16 signature of the nonemergency patient, or that patient's  
17 representative, acknowledging that the nonemergency patient, or  
18 that patient's representative, has received, has read, and  
19 understands the disclosure.

20 (b) Retain a copy of the disclosure required under this  
21 section for not less than 7 years.

22 (c) Provide the nonemergency patient or that patient's  
23 representative with a good-faith estimate of the cost of the health  
24 care services to be provided to the nonemergency patient.

25 (5) Except as otherwise provided in section 24513 and subject  
26 to subsection (6), a nonparticipating provider who fails to provide  
27 the disclosure as required under this section shall submit a claim  
28 to the nonemergency patient's carrier within 60 days after the date  
29 of the health care service and shall accept from the nonemergency



1 patient's carrier, as payment in full, the greater of the  
2 following:

3 (a) Subject to section 24510, the median amount negotiated by  
4 the nonemergency patient's carrier for the region and provider  
5 specialty, excluding any in-network coinsurance, copayments, or  
6 deductibles. The nonemergency patient's carrier shall determine the  
7 region and provider specialty for purposes of this subdivision.

8 (b) One hundred and fifty percent of the Medicare fee for  
9 service fee schedule for the health care service provided,  
10 excluding any in-network coinsurance, copayments, or deductibles.

11 (6) A nonemergency patient's carrier shall pay the amount  
12 described in subsection (5) to the nonparticipating provider within  
13 60 days after receiving the claim from the nonparticipating  
14 provider under subsection (5). The nonparticipating provider shall  
15 not collect or attempt to collect from the nonemergency patient any  
16 amount other than the applicable in-network coinsurance, copayment,  
17 or deductible.

18 Enacting section 1. This amendatory act does not take effect  
19 unless all of the following bills of the 100th Legislature are  
20 enacted into law:

- 21 (a) House Bill No. 4459.  
22 (b) House Bill No. 4990.  
23 (c) House Bill No. 4991.

