

**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 insurer 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 accept, and the
28 nonemergency patient's insurer shall pay, the greater of the
29 following:



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

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

9 (6) A nonemergency patient's insurer shall pay the amount
10 described in subsection (5) to the nonemergency patient or to the
11 nonparticipating provider. If an insurer pays the nonemergency
12 patient the amount described in subsection (5), the insurer shall
13 inform the nonemergency patient that he or she is responsible for
14 paying the nonparticipating provider directly for the amount billed
15 by the nonparticipating provider. If a nonparticipating provider
16 receives the amount described in subsection (5) from the
17 nonemergency patient or the nonemergency patient's insurer, the
18 nonparticipating provider shall accept the amount as payment in
19 full and shall not collect or attempt to collect from the
20 nonemergency patient any amount other than the applicable in-
21 network coinsurance, copayment, or deductible. If the
22 nonparticipating provider does not receive the amount described in
23 subsection (5) from the nonemergency patient or the nonemergency
24 patient's insurer, the nonparticipating provider is limited to
25 collecting the amount described in subsection (5) from the
26 nonemergency patient as payment in full but may collect the
27 applicable in-network coinsurance, copayment, or deductible from
28 the nonemergency patient.

29 Enacting section 1. This amendatory act does not take effect



1 unless all of the following bills of the 100th Legislature are
2 enacted into law:

3 (a) House Bill No. 4459.

4 (b) House Bill No. 4990.

5 (c) House Bill No. 4991.

