A bill to amend 1978 PA 368, entitled "Public health code,"

(MCL 333.1101 to 333.25211) by adding article 18.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

ARTICLE 18. SURPRISE MEDICAL BILLING

Sec. 24501. (1) For purposes of this article, the words and phrases defined in sections 24502 to 24504 have the meanings ascribed to them in those sections.

(2) In addition, article 1 contains general definitions and principles of construction applicable to all articles in this code.

Sec. 24502. (1) "Emergency patient" means an individual with a physical or mental condition that manifests itself by acute symptoms of sufficient severity, including, but not limited to,
pain such that a prudent layperson, possessing average knowledge of health and medicine, could reasonably expect to result in 1 or all of the following:

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

(b) Serious impairment of bodily function.

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

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

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

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

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

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

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

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

(e) A laboratory.

(f) A radiology or imaging center.

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

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

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

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

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

(2) "Participating provider" means a provider who, under contract with an insurer that issues or administers health benefit plans, or with the insurer's contractor or subcontractor, has agreed to provide health care services to individuals who are
covered by health benefit plans issued or administered by the 
insurer and to accept payment by the insurer, contractor, or 
subcontractor for the services covered by the health benefit plans 
as payment in full, other than coinsurance, copayments, or 
deductibles.

(3) "Patient's representative" means any of the following:
   (a) A person to whom a nonemergency patient has given express 
   written consent to represent the patient.
   (b) A person authorized by law to provide consent for a 
   nonemergency patient.
   (c) A provider who is treating a nonemergency patient, but 
   only if the patient is unable to provide consent.

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

Sec. 24507. (1) Subsection (2) applies to a nonparticipating 
provider who is providing a health care service if any of the 
following apply:
   (a) The health care service is covered by an emergency 
   patient's health benefit plan and is provided to the emergency 
   patient by the nonparticipating provider at a participating health 
   facility or nonparticipating health facility.
   (b) The health care service is covered by a nonemergency 
   patient's health benefit plan and is provided to the nonemergency 
   patient by the nonparticipating provider at a participating health 
   facility and either of the following applies:
      (i) The nonemergency patient does not have the ability or 
      opportunity to choose a participating provider and has not been 
      provided the disclosure required under section 24509.
(ii) The only provider available to perform the health care service at the facility is the nonparticipating provider.

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

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

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

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

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

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