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:

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

(a) At least 14 days before providing the health care service.
(b) During 1 of the following:
(i) A presurgical consultation for the health care service.
(ii) A scheduling or intake call for the health care service.
(iii) A preoperative review for the health care service.
(iv) Any other contact occurring before a health care service that is similar to a contact described in subparagraph (i), (ii), or (iii).

(2) A nonparticipating provider shall not provide the disclosure described in subsection (3) to a nonemergency patient when the nonemergency patient is being admitted to the health facility or when the nonemergency patient is being prepared for a surgery or another medical procedure.

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

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

The nonparticipating provider must provide a good-faith estimate of the cost of the health care services to be provided.

You also have a right to request that the health care services be performed by a provider that participates with your health benefit plan, and may contact your insurer to arrange for those services to be provided at a lower cost.

I have received, read, and understand this disclosure.

__________________________________________________  _________
(Patient or patient's representative's signature)   (Date)

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

(4) A nonparticipating provider shall do all of the following:
(a) Complete the disclosure described in subsection (3) and, after completing the disclosure, obtain on the disclosure the signature of the nonemergency patient, or that patient's representative, acknowledging that the nonemergency patient, or that patient's representative, has received, has read, and understands the disclosure.

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

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

(5) A nonparticipating provider who fails to provide the disclosure required under this section shall accept, as payment in full, the greater of the following:

(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.

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

(a) House Bill No. 4459.

(b) House Bill No. 4990.

(c) House Bill No. 4991.