

HB 476 – AS INTRODUCED

2013 SESSION

13-0437
01/10

HOUSE BILL **476**

AN ACT relative to medical care price disclosure and transparency.

SPONSORS: Rep. Marilinda Garcia, Rock 8; Rep. Lambert, Hills 44; Rep. Ulery, Hills 37;
Rep. Kappler, Rock 3

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill requires health care professionals and health care facilities to provide the expected direct care price for medical services upon the request of an uninsured patient or a prospective patient.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears [~~in brackets and struck through.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Thirteen

AN ACT relative to medical care price disclosure and transparency.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Hospital Rates for Self-Pay Patients. RSA 151:12-b is repealed and reenacted to read as
2 follows:

3 151:12-b Disclosure of Hospital Rates for Self-Pay Patients.

4 I. In this section:

5 (a) “Facility” means any facility required to be licensed under this chapter.

6 (b) “Direct pay price” means the price charged for a lawful medical or health care service
7 if the service is paid without a public or private third party, not including an employer, paying for
8 any portion of the service.

9 (c) “Health care professional” means a physician, pharmacist, or other health care
10 practitioner who is licensed, accredited, or certified to perform specified medical or ancillary services
11 within the scope of his or her license, accreditation, certification, or other appropriate authority and
12 consistent with state law.

13 II.(a) A health care professional shall make available to the public, upon request, in a single
14 document the direct pay price for the 25 most common services performed by the health care
15 professional. The services may be identified by a common procedural terminology code or by a plain
16 English description. The document shall be updated annually and more often, if appropriate. The
17 direct pay price is for the standard diagnosis for the service and does not include any complications
18 or exceptional treatment.

19 (b) The patient shall be fully informed in writing in language that the patient can
20 understand, before or at the time of admission and as necessary during the patient’s stay, of the
21 health care professional’s basic per diem rate and of those services included and not included in the
22 basic per diem rate. Also, because the patient has the right to receive information from the health
23 care professional and to discuss the benefits, risks, and costs of appropriate treatment alternatives,
24 except for emergency admissions, every uninsured patient and prospective patient shall be fully
25 informed in writing, upon his or her request, of the expected list price for services.

26 III.(a) A health care facility shall make available to the public, upon request, in a single
27 document the direct pay price for at least the 50 most used diagnosis-related group codes, if
28 applicable, for the facility and at least the 50 most used outpatient service codes, if applicable, for the
29 facility. The document shall be updated annually and more often, if appropriate. The direct pay
30 price is for the standard diagnosis for the service and does not include any complications or
31 exceptional treatment.

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1 (b) The patient shall be fully informed in writing in language that the patient can
2 understand, before or at the time of admission and as necessary during the patient’s stay, of the
3 health care facility’s basic per diem rate and of those services included and not included in the basic
4 per diem rate. Also, because the patient has the right to receive information from the health care
5 facility and to discuss the benefits, risks, and costs of appropriate treatment alternatives, except for
6 emergency admissions, every uninsured patient and prospective patient shall be fully informed in
7 writing, upon his or her request, of the expected list price for services.

8 (c) A health care facility shall not be required to report the direct pay prices to the
9 department of health and human services for review or filing as a prerequisite to operation. This
10 section shall not authorize the commissioner of health and human services to approve, disapprove, or
11 limit a health care facility’s direct pay price for services.

12 IV.(a) When billing self-pay patients for a service rendered, a facility shall accept as
13 payment in full an amount no greater than the amount generally billed and received by facility for
14 that service for patients covered by health insurance.

15 (b) A facility shall determine the amount generally billed to health carriers as not more
16 than the lowest amounts charged to individuals who have insurance covering such care.

17 (c) A facility shall provide written notice to a self-pay patient in advance of providing a
18 service and at the time the service is billed regarding the requirements under this section.

19 2 Patients’ Bill of Rights; Costs. Amend RSA 151:21, III to read as follows:

20 III. The patient shall be fully informed in writing in language that the patient can
21 understand, before or at the time of admission and as necessary during the patient’s stay, of the
22 facility’s basic per diem rate and of those services included and not included in the basic per diem
23 rate. ***Also, because the patient has the right to receive information from the facility and to***
24 ***discuss the benefits, risks, and costs of appropriate treatment alternatives, except for***
25 ***emergency admissions, every uninsured patient and prospective patient shall be fully***
26 ***informed in writing, upon his or her request, of the expected list price for services.*** A
27 statement of services that are not normally covered by medicare or medicaid shall also be included in
28 this disclosure.

29 3 Patient Information; Request for Charges for Services. Amend RSA 332-I:2, I(b) to read as
30 follows:

31 (b) The patient has the right to receive information from the health care provider and to
32 discuss the benefits, risks, and costs of appropriate treatment alternatives. ***Prospective patients,***
33 ***including uninsured patients, shall be fully informed in advance and in writing, upon his***
34 ***or her request, of the expected list price for services.***

35 4 Repeal. 2012, 282:9, relative to a 2015 version of RSA 151:12-b, is repealed.

36 5 Effective Date. This act shall take effect 60 days after its passage.