

BALANCE BILLING STATE LEGISLATION



Updated October 25, 2019

\* *Overview.* The below survey attempts to offer a comprehensive look at the state legislative activity on balance billing. Given the breadth of these issues (and the array of terms used to describe them), other legislation introduced in the states may also address them.

\* *Legend.* The bills included below are color coded based on their status throughout the legislative session:

- **BLUE** - Legislation Enacted or at the Governor's Desk
- **YELLOW** - Legislation Moving Through Either Chamber
- **GREY** - Legislature Has Adjourned or the Legislation Has Otherwise Failed

More specific procedural updates are available through the links provided, but will not be reflected in the chart.

\* The descriptions of the legislation provided offer a broad overview. If there is a particular bill for which you would like additional information, please let us know.

State	Legislation	Status	Overview
California	<a href="#">AB 1611</a>	Passed House <b>ADJOURNED</b>	Prohibits hospitals from charging insured individuals more than the in-network cost-sharing amount for ER and post-stabilization care.
Colorado	<a href="#">HB 1174</a>	<b>Enacted</b>	Establishes payment rates for certain out-of-network health care services; creates an arbitration process for settling billing disputes; and requires disclosures to consumers about the potential effects of receiving services from an out-of-network provider or at an out-of-network facility.
Connecticut	<a href="#">SB 31</a>	Introduced <b>ADJOURNED</b>	Expands the definition of "surprise bill" to include bills for nonemergency health care services rendered by OON clinical laboratories upon the referral of in-network providers, among other things.
Connecticut	<a href="#">SB 327</a>	Introduced <b>ADJOURNED</b>	Requires health insurance coverage for medically necessary ambulance services be reimbursed at an in-network level (e.g., at an in-network level of cost sharing); prohibits balance billing for such services, among other things.
Connecticut	<a href="#">SB 905</a>	Introduced <b>ADJOURNED</b>	Subjects certain bills for emergency services to provisions concerning surprise billing; modifies the manner in which reimbursements for emergency services provided by OON facility-based providers are calculated and paid, among other things.
Georgia	<a href="#">HB 677/SB 56</a>	Introduced <b>ADJOURNED</b>	Establishes standards for insurers and providers with regard to payment under a plan in the provision of emergency medical services; requiring that the patient/prospective patient receive certain disclosures, among other things.
Kentucky	<a href="#">SB 24/HB 138</a>	Introduced <b>ADJOURNED</b>	Defines key terms related to balance billing (e.g., "balance billing," "cost sharing," and "usual, customary, and reasonable rate"); consolidates requirements related to provider directories; requires plans to cover access to nonparticipating providers with prior plan authorization in certain circumstances, among other things.
Massachusetts	<a href="#">H 932</a>	Introduced	Establishes a minimum benefit standard for insured services (e.g., if OON services are provided to an insured by a clinician resulting in an unavoidable OON bill, requires the clinician to bill the insured's carrier directly), among other things.
Massachusetts	<a href="#">H 1046</a>	Introduced	Prohibits OON billing for certain medical services, among other things.
Massachusetts	<a href="#">H 967</a>	Introduced	Requires specific patient-consent for OON health care services; prohibits providers from billing consumers for more than the in-network cost-sharing amount, among other things.
Nevada	<a href="#">AB 469</a>	<b>Enacted</b>	Limits the amount an out-of-network provider can charge a patient for certain medically necessary emergency services to a patients copay, coinsurance, or deductible, among other things.
New Hampshire	<a href="#">HB 685</a>	Retained in Committee	Prohibits balance billing for ambulance services; limits reimbursement for ambulance services to a commercially reasonable value, among other things.
New Jersey	<a href="#">AB 3347</a>	Introduced	Provides remedies for individuals treated by OON physicians at in-network facilities in non-emergency situations, among other things.
New Mexico	<a href="#">SB 346</a>	Introduced <b>ADJOURNED</b>	Limits patient liability to nonparticipating providers for a balance bill; establishes a framework for reimbursement of nonparticipating providers of emergency care; prohibits balance billing without the patient's written agreement, among other things.
New Mexico	<a href="#">SB 337/HB 207</a>	<b>SB 337: Enacted</b>	Prohibits surprise billing in emergency and non-emergency situations, among other things.

New York	<a href="#">AB 598/SB 3461</a>	Introduced	Requires HMOs, insurers, and corporations to offer OON coverage as an optional rider to any policy and to offer at least one policy option that includes OON coverage, among other things.
New York	<a href="#">SB 1793</a>	Introduced	Includes hospitals and ambulance services in the dispute resolution process under the state's balance billing law for charges for emergency services, among other things.
Oklahoma	<a href="#">HB 2441</a>	Introduced <b>ADJOURNED</b>	Requires in-network hospitals or inpatient facilities to provide certain notice to enrollees that certain providers may not have a contract with the enrollee's insurance carrier; requires non-contracted providers to provide a notice to an enrollee that services will be provided on a non-contracted basis, along with a good-faith estimate of charges and certain disclosures, among other things.
Oklahoma	<a href="#">SB 1011</a>	Passed Senate <b>ADJOURNED</b>	Requires plans that cover OON non-emergency services to provide at least one option for coverage for at least 80% of the customary rate associated with each OON service; requires insurers covering emergency services to ensure that enrollees do not incur greater out-of-pocket costs for OON providers than would have been incurred by an in-network provider; creates an independent dispute resolution program, among other things.
Texas	<a href="#">SB 1264/HB 3933</a>	<b>SB 1264: Enacted</b> <b>HB 3933: Left Pending in Committee</b>	Establishes comprehensive protections against balance billing and an associated arbitration process, among other things.
Texas	<a href="#">HB 2967/SB 1591</a>	Introduced <b>ADJOURNED</b>	Prohibits balance billing and establishes an independent dispute resolution program for out-of-network coverage under certain managed care plans, among other things.
Texas	<a href="#">HB 4444</a>	Introduced <b>ADJOURNED</b>	Establishes surprise billing as a deceptive act or practice, among other things.
Virginia	<a href="#">HB 2538/SB 1354</a>	Introduced <b>ADJOURNED</b>	Prohibits balance billing for emergency services and post-stabilization services; prohibits balance billing for elective services and other OON services, among other things.
Virginia	<a href="#">SB 1763</a>	Passed Senate <b>ADJOURNED</b>	Prohibits balance billing for emergency services and elective services, among other things.
Virginia	<a href="#">SB 1362/HB 2543</a>	Introduced <b>ADJOURNED</b>	Prohibits an OON provider from balance billing a covered person for the costs of an ancillary service when an in-network provider referred the covered person to the OON provider unless certain requirements are met, among other things.
Washington	<a href="#">SB 5699</a>	Introduced <b>ADJOURNED</b>	Bans balance billing of consumers by emergency providers or OON providers/facilities; authorizes arbitration of balance billing disputes, among other things.
Washington	<a href="#">HB 1215/SB 5699</a>	Introduced <b>ADJOURNED</b>	Prohibits an OON provider that provides services at an in-network facility from balance billing an enrollee for certain health care services, among other things.
Washington	<a href="#">HB 1065/SB 5031</a>	<b>HB 1065: Enacted</b>	Prohibits balance billing for services provided at OON facilities or by OON providers at in-network facilities, among other things.
West Virginia	<a href="#">HB 2380/HB 3019</a>	Introduced <b>ADJOURNED</b>	Prohibits surprise billing in certain circumstances; requires additional disclosures by health care providers, hospitals, and insurers, among other things.