

1 SENATE BILL 384

2 **53RD LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2017**

3 INTRODUCED BY

4 Craig W. Brandt

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10 AN ACT

11 RELATING TO HEALTH CARE; ESTABLISHING GUIDELINES FOR HOSPITAL
12 BILLING; ENACTING A NEW SECTION OF THE UNFAIR PRACTICES ACT;
13 PROVIDING FOR PENALTIES.

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15 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

16 SECTION 1. A new section of the Unfair Practices Act is
17 enacted to read:

18 "[NEW MATERIAL] HOSPITAL BILLING--TIMELINESS--SINGLE
19 STATEMENT--UNFAIR PRACTICE--PENALTY.--

20 A. A hospital shall ensure that all billing related
21 to a single episode of care that occurs on the site of that
22 same hospital is made in a single statement that the hospital
23 provides to the patient within sixty days of discharge. The
24 statement shall indicate:

25 (1) which items and services provided to the

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1 patient during the episode of care are billed by a
2 participating provider and which services are billed by a
3 nonparticipating provider; and

4 (2) for each item or service, what amount is
5 being billed to any third-party payer and clearly distinguish
6 what the patient's responsibility is from any third-party
7 payer's responsibility.

8 B. A hospital that does not comply with the
9 provisions of Subsection A of this section shall be a violation
10 of the Unfair Practices Act subject to the penalties set forth
11 in that act.

12 C. As used in this section:

13 (1) "episode of care" means the period of a
14 day or consecutive days for a discrete health condition during
15 one hospital stay, regardless of whether the patient is
16 admitted as an inpatient, for which reasonable and necessary
17 health care items and services related to the condition are
18 provided;

19 (2) "hospital" means a hospital licensed by
20 the department of health;

21 (3) "nonparticipating provider" means a
22 provider who is not a participating provider under express
23 contract with a health carrier;

24 (4) "participating provider" means a provider
25 or health facility that, under express contract with a health

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1 carrier or with its contractor or subcontractor, has agreed to
2 provide health care services to covered persons with an
3 expectation of receiving payment directly or indirectly from
4 the health carrier, subject to co-payments, co-insurance
5 deductibles or other cost-sharing provisions; and

6 (5) "third-party payer" means any public or
7 private payer of health care services, including a health
8 insurer, health maintenance organization or any other person
9 that assumes responsibility for payment of all or a portion of
10 items or services for which a patient is billed."