



January 15, 2010

HOUSE BILL No. 1022

DIGEST OF HB 1022 (Updated January 13, 2010 5:57 pm - DI 77)

Citations Affected: IC 27-8; IC 27-13.

Synopsis: Insurer access to providers. Prohibits health plan contract provisions that would require a contracted provider to accept more than a certain number of patients. Requires providers to inform the insurer or health maintenance organization when the provider is accepting or not accepting new patients. (The introduced version of this bill was prepared by the health finance commission.)

Effective: July 1, 2010.

Welch, Brown T, Dodge, Brown C

January 5, 2010, read first time and referred to Committee on Public Health.
January 14, 2010, amended, reported — Do Pass.

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HB 1022—LS 6066/DI 97+



January 15, 2010

Second Regular Session 116th General Assembly (2010)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2009 Regular and Special Sessions of the General Assembly.

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HOUSE BILL No. 1022



A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 27-8-11-12 IS ADDED TO THE INDIANA CODE
2 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 2010]: **Sec. 12. (a) An agreement between an insurer and a
4 provider that is entered into, amended, or renewed under section
5 3 of this chapter after June 30, 2010, may not include a provision
6 that requires the provider to accept as patients a greater number
7 of insureds than:**
8 **(1) the number of insureds specified in the agreement; or**
9 **(2) if a number of insureds is not specified in the agreement,**
10 **the number that, in the provider's professional judgment, is**
11 **the greatest number of insureds that the provider is able to**
12 **accept without endangering the provider's patients' access to**
13 **or continuity of care.**
14 **(b) If a provider decides under subsection (a) to stop accepting**
15 **new patients from the insurer under an agreement referred to in**
16 **subsection (a), the provider shall notify the insurer of the**
17 **provider's decision at least sixty (60) days before the provider stops**

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accepting new patients from the insurer.

(c) If a provider that has decided under subsection (a) to stop accepting new patients from the insurer under an agreement referred to in subsection (a) decides to resume accepting new patients from the insurer, the provider shall notify the insurer of the provider's decision at least thirty (30) days before the provider resumes accepting new patients from the insurer.

SECTION 2. IC 27-13-15-6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2010]: Sec. 6. (a) A contract between a health maintenance organization and a participating provider that is entered into, amended, or renewed after June 30, 2010, may not include a provision that requires a participating provider to accept as patients a greater number of enrollees than:

- (1) the number of enrollees specified in the contract; or
- (2) if a number of enrollees is not specified in the contract, the number that, in the participating provider's professional judgment, is the greatest number of enrollees that the participating provider is able to accept without endangering the participating provider's patients' access to or continuity of care.

(b) If a provider decides under subsection (a) to stop accepting new patients from the health maintenance organization under an agreement referred to in subsection (a), the provider shall notify the health maintenance organization of the provider's decision at least sixty (60) days before the provider stops accepting new patients from the health maintenance organization.

(c) If a provider that has decided under subsection (a) to stop accepting new patients from the health maintenance organization under an agreement referred to in subsection (a) decides to resume accepting new patients from the health maintenance organization, the provider shall notify the health maintenance organization of the provider's decision at least thirty (30) days before the provider resumes accepting new patients from the health maintenance organization.

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COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1022, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, line 3, after "12." insert "(a)".

Page 1, between lines 13 and 14, begin a new paragraph and insert:

"(b) If a provider decides under subsection (a) to stop accepting new patients from the insurer under an agreement referred to in subsection (a), the provider shall notify the insurer of the provider's decision at least sixty (60) days before the provider stops accepting new patients from the insurer.

(c) If a provider that has decided under subsection (a) to stop accepting new patients from the insurer under an agreement referred to in subsection (a) decides to resume accepting new patients from the insurer, the provider shall notify the insurer of the provider's decision at least thirty (30) days before the provider resumes accepting new patients from the insurer."

Page 1, line 16, after "6." insert "(a)".

Page 2, after line 10, begin a new paragraph and insert:

"(b) If a provider decides under subsection (a) to stop accepting new patients from the health maintenance organization under an agreement referred to in subsection (a), the provider shall notify the health maintenance organization of the provider's decision at least sixty (60) days before the provider stops accepting new patients from the health maintenance organization.

(c) If a provider that has decided under subsection (a) to stop accepting new patients from the health maintenance organization under an agreement referred to in subsection (a) decides to resume accepting new patients from the health maintenance organization, the provider shall notify the health maintenance organization of the provider's decision at least thirty (30) days before the provider resumes accepting new patients from the health maintenance organization."

and when so amended that said bill do pass.

(Reference is to HB 1022 as introduced.)

BROWN C, Chair

Committee Vote: yeas 8, nays 2.

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