
HOUSE BILL No. 1080

DIGEST OF INTRODUCED BILL

Citations Affected: IC 27-8-11-12; IC 27-13-15-6.

Synopsis: Health plan access to providers. Prohibits certain health plan contract provisions concerning a contracted provider's acceptance of patients. Allows health plan contract provisions requiring a contracted provider to notify the health plan of the provider's decision regarding acceptance of patients.

Effective: July 1, 2011.

Welch, Brown T, Brown C

January 5, 2011, read first time and referred to Committee on Insurance.

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First Regular Session 117th General Assembly (2011)

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 2010 Regular Session of the General Assembly.

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HOUSE BILL No. 1080



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, 2011]: **Sec. 12. The following apply to an agreement between an**
4 **insurer and a provider that is entered into, amended, or renewed**
5 **under section 3 of this chapter:**
6 (1) **The agreement may not include a provision that prevents**
7 **the provider from accepting as patients:**
8 (A) **insureds or enrollees of a carrier (as defined in**
9 **IC 27-13-1-6) that is not a party to the agreement;**
10 (B) **Medicaid recipients; or**
11 (C) **Medicare recipients.**
12 (2) **The agreement may not include a provision that requires**
13 **the provider to accept as patients a greater number of**
14 **insureds of the insurer than:**
15 (A) **the number of insureds specified in the agreement; or**
16 (B) **if a number of insureds is not specified in the**
17 **agreement, the number that, in the provider's professional**



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judgment, is the greatest number of insureds that the provider is able to accept without endangering the provider's patients' access to or continuity of care.

(3) The agreement may require a provider to notify the insurer as follows:

(A) Notice of a provider's decision to cease acceptance of insureds of the insurer as patients must be provided to the insurer at least sixty (60) days before the provider implements the decision to cease acceptance.

(B) Notice of a provider's decision to resume acceptance of insureds of the insurer as patients must be provided to the insurer at least thirty (30) days before the provider implements the decision to resume acceptance.

SECTION 2. IC 27-13-15-6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2011]: Sec. 6. The following apply to a contract that is entered into, amended, or renewed between a health maintenance organization and a participating provider:

(1) The contract may not include a provision that prevents the participating provider from accepting as patients:

- (A) enrollees or insureds of a carrier that is not a party to the contract;
- (B) Medicaid recipients; or
- (C) Medicare recipients.

(2) The contract may not include a provision that requires the participating provider to accept as patients a greater number of enrollees of the health maintenance organization than:

- (A) the number of enrollees specified in the contract; or
- (B) 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.

(3) The contract may require a participating provider to notify the health maintenance organization as follows:

(A) Notice of a participating provider's decision to cease acceptance of enrollees of the health maintenance organization as patients must be provided to the health maintenance organization at least sixty (60) days before the participating provider implements the decision to cease acceptance.

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1 **(B) Notice of a participating provider's decision to resume**
2 **acceptance of enrollees of the health maintenance**
3 **organization as patients must be provided to the health**
4 **maintenance organization at least thirty (30) days before**
5 **the participating provider implements the decision to**
6 **resume acceptance.**

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