

# SENATE BILL No. 351

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## DIGEST OF INTRODUCED BILL

**Citations Affected:** IC 25-22.5-13; IC 27-8-5-29; IC 27-13-7-21.

**Synopsis:** Health care service providers. Requires a physician to provide certain information concerning providers of a prescribed health care service. Requires that a prior authorization provision in a policy of accident and sickness insurance or a health maintenance organization contract must be based on the health care service rather than the provider of the health care service.

**Effective:** July 1, 2013.

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January 8, 2013, read first time and referred to Committee on Health and Provider Services.

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First Regular Session 118th General Assembly (2013)

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 2012 Regular Session of the General Assembly.

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# SENATE BILL No. 351



A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

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

1 SECTION 1. IC 25-22.5-13 IS ADDED TO THE INDIANA CODE  
 2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
 3 1, 2013]:  
 4 **Chapter 13. Health Care Service Prices**  
 5 **Sec. 1. A physician shall provide to a patient the following with**  
 6 **respect to a health care service prescribed by the physician:**  
 7 **(1) A list, including telephone numbers, of the five (5) health**  
 8 **care service providers that are:**  
 9 **(A) geographically nearest to the patient's residence; and**  
 10 **(B) certified by a nationally recognized organization that**  
 11 **certifies providers of the health care service, including the**  
 12 **following:**  
 13 **(i) The American College of Radiology.**  
 14 **(ii) The Joint Commission on Accreditation of Health**  
 15 **Care Organizations.**  
 16 **(iii) Another nationally recognized certifying**  
 17 **organization.**



- 1           **At least one (1) of the five (5) health care service providers**
- 2           **must be a person that does not employ the physician and is**
- 3           **not a person in which the physician has an ownership interest.**
- 4           **(2) The prescription for the health care service.**
- 5           **(3) Notice that prices for the health care service may vary**
- 6           **significantly among the health care service providers on the**
- 7           **list provided under subdivision (1).**
- 8           **(4) If the health care service is a radiology service, notice**
- 9           **concerning whether a board certified radiologist is physically**
- 10           **present at the location where the radiology service is**
- 11           **performed.**

12           SECTION 2. IC 27-8-5-29 IS ADDED TO THE INDIANA CODE  
 13 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
 14 1, 2013]: **Sec. 29. A provision in a policy of accident and sickness**  
 15 **insurance that requires prior authorization for a health care**  
 16 **service must:**

- 17           **(1) be based on the health care service; and**
- 18           **(2) not be based on the provider of the health care service.**

19           SECTION 3. IC 27-13-7-21 IS ADDED TO THE INDIANA CODE  
 20 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
 21 1, 2013]: **Sec. 21. A provision in an individual contract or a group**  
 22 **contract that requires prior authorization for a health care service**  
 23 **must:**

- 24           **(1) be based on the health care service; and**
- 25           **(2) not be based on the provider of the health care service.**

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