

S 284

End Surprise Billing Act of 2017

Congress: 115 (2017–2019, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Feb 2, 2017

Current Status: Read twice and referred to the Committee on Finance.

Latest Action: Read twice and referred to the Committee on Finance. (Feb 2, 2017)

Official Text: <https://www.congress.gov/bill/115th-congress/senate-bill/284>

Sponsor

Name: Sen. Brown, Sherrod [D-OH]

Party: Democratic • **State:** OH • **Chamber:** Senate

Cosponsors

No cosponsors are listed for this bill.

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Feb 2, 2017

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
115 HR 817	Identical bill	Feb 14, 2017: Referred to the Subcommittee on Health.

End Surprise Billing Act of 2017

This bill amends title XVIII (Medicare) of the Social Security Act to require a critical access hospital or other hospital to comply, as a condition of participation in Medicare, with certain requirements related to billing for out-of-network services.

With respect to an individual who has health benefits coverage and is seeking services, a hospital must provide notice as to: (1) whether the hospital, or any of the providers furnishing services to the individual at the hospital, is not within the health care provider network or otherwise a participating provider with respect to the individual's health care coverage; and (2) if so, the estimated out-of-pocket costs of the services to the individual. At least 24 hours prior to providing those services, the hospital must document that the individual: (1) has been provided with the required notice, and (2) consents to be furnished with the services and charged an amount approximate to the estimate provided. Otherwise, the hospital may not charge the individual more than the individual would have been required to pay if the services had been furnished by an in-network or participating provider.

With respect to such an individual who is seeking same-day emergency services, a hospital may not charge more than the individual would be required to pay for such services furnished by an in-network or participating provider.

Actions Timeline

- **Feb 2, 2017:** Introduced in Senate
- **Feb 2, 2017:** Read twice and referred to the Committee on Finance.