HR 817

End Surprise Billing Act of 2017

Congress: 115 (2017–2019, Ended)
Chamber: House
Policy Area: Health
Introduced: Feb 2, 2017
Current Status: Referred to the Subcommittee on Health.
Latest Action: Referred to the Subcommittee on Health. (Feb 14, 2017)
Official Text: https://www.congress.gov/bill/115th-congress/house-bill/817

Sponsor

Name: Rep. Doggett, Lloyd [D-TX-35]
Party: Democratic • **State:** TX • **Chamber:** House

Cosponsors (45 total)

Cosponsor	Party / State	Role	Date Joined
Del. Norton, Eleanor Holmes [D-DC-At Large]	D · DC		Feb 2, 2017
Rep. Butterfield, G. K. [D-NC-1]	D · NC		Feb 2, 2017
Rep. Cartwright, Matt [D-PA-17]	D · PA		Feb 2, 2017
Rep. Chu, Judy [D-CA-27]	D · CA		Feb 2, 2017
Rep. Cicilline, David N. [D-RI-1]	D · RI		Feb 2, 2017
Rep. Clarke, Yvette D. [D-NY-9]	D · NY		Feb 2, 2017
Rep. Cohen, Steve [D-TN-9]	D · TN		Feb 2, 2017
Rep. Conyers, John, Jr. [D-MI-13]	D · MI		Feb 2, 2017
Rep. Courtney, Joe [D-CT-2]	D · CT		Feb 2, 2017
Rep. Davis, Danny K. [D-IL-7]	D · IL		Feb 2, 2017
Rep. DeLauro, Rosa L. [D-CT-3]	D · CT		Feb 2, 2017
Rep. Ellison, Keith [D-MN-5]	D · MN		Feb 2, 2017
Rep. Espaillat, Adriano [D-NY-13]	D · NY		Feb 2, 2017
Rep. Gallego, Ruben [D-AZ-7]	D · AZ		Feb 2, 2017
Rep. Garamendi, John [D-CA-3]	D · CA		Feb 2, 2017
Rep. Green, Gene [D-TX-29]	D · TX		Feb 2, 2017
Rep. Grijalva, Raúl M. [D-AZ-3]	D · AZ		Feb 2, 2017
Rep. Hastings, Alcee L. [D-FL-20]	D · FL		Feb 2, 2017
Rep. Kelly, Robin L. [D-IL-2]	D · IL		Feb 2, 2017
Rep. Langevin, James R. [D-RI-2]	D · RI		Feb 2, 2017
Rep. Lawrence, Brenda L. [D-MI-14]	D · MI		Feb 2, 2017
Rep. Lee, Barbara [D-CA-13]	D · CA		Feb 2, 2017
Rep. Lewis, John [D-GA-5]	D · GA		Feb 2, 2017
Rep. Lipinski, Daniel [D-IL-3]	D · IL		Feb 2, 2017
Rep. Lofgren, Zoe [D-CA-19]	D · CA		Feb 2, 2017
Rep. Moore, Gwen [D-WI-4]	D · WI		Feb 2, 2017
Rep. Nadler, Jerrold [D-NY-10]	D · NY		Feb 2, 2017
Rep. Pocan, Mark [D-WI-2]	D · WI		Feb 2, 2017
Rep. Schakowsky, Janice D. [D-IL-9]	D · IL		Feb 2, 2017
Rep. Shea-Porter, Carol [D-NH-1]	D · NH		Feb 2, 2017
Rep. Tonko, Paul [D-NY-20]	D · NY		Feb 2, 2017
Rep. Welch, Peter [D-VT-At Large]	D · VT		Feb 2, 2017
Rep. Pingree, Chellie [D-ME-1]	D · ME		Feb 15, 2017
Rep. Yarmuth, John A. [D-KY-3]	D · KY		Feb 15, 2017
Rep. DeGette, Diana [D-CO-1]	D · CO		Mar 1, 2017
Rep. Kaptur, Marcy [D-OH-9]	D · OH		Mar 1, 2017
Rep. Raskin, Jamie [D-MD-8]	D · MD		Mar 16, 2017
Rep. O'Rourke, Beto [D-TX-16]	D · TX		May 19, 2017
Rep. Smith, Christopher H. [R-NJ-4]	R · NJ		May 19, 2017
Rep. Velazquez, Nydia M. [D-NY-7]	D · NY		May 19, 2017
Rep. Higgins, Brian [D-NY-26]	D · NY		Jul 20, 2017

Cosponsor	Party / State	Role	Date Joined
Rep. Jayapal, Pramila [D-WA-7]	D · WA		Nov 28, 2017
Rep. Gonzalez, Vicente [D-TX-15]	D · TX		Jan 20, 2018
Rep. Khanna, Ro [D-CA-17]	D · CA		May 17, 2018
Rep. Kuster, Ann M. [D-NH-2]	D · NH		Sep 25, 2018

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Feb 3, 2017
Ways and Means Committee	House	Referred to	Feb 14, 2017

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
115 S 284	Identical bill	**Feb 2, 2017:** Read twice and referred to the Committee on Finance.

Summary (as of Feb 2, 2017)

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 14, 2017:** Referred to the Subcommittee on Health.
- **Feb 3, 2017:** Referred to the Subcommittee on Health.
- **Feb 2, 2017:** Introduced in House
- **Feb 2, 2017:** Referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.