

HR 5817

Fair and Honest Advance Cost Estimate for Patients Act of 2020

Congress: 116 (2019–2021, Ended)

Chamber: House

Policy Area: Health

Introduced: Feb 7, 2020

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Feb 7, 2020)

Official Text: <https://www.congress.gov/bill/116th-congress/house-bill/5817>

Sponsor

Name: Rep. Nunes, Devin [R-CA-22]

Party: Republican • **State:** CA • **Chamber:** House

Cosponsors (1 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Pascrell, Bill, Jr. [D-NJ-9]	D · NJ		Feb 7, 2020

Committee Activity

Committee	Chamber	Activity	Date
Education and Workforce Committee	House	Referred To	Feb 7, 2020
Energy and Commerce Committee	House	Referred To	Feb 7, 2020
Ways and Means Committee	House	Referred to	Feb 7, 2020

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
116 HR 5826	Related bill	Feb 12, 2020: Ordered to be Reported in the Nature of a Substitute (Amended) by Voice Vote.

Fair and Honest Advance Cost Estimate for Patients Act of 2020

This bill requires health care providers and private health insurance plans to provide certain estimates for the costs of services that are scheduled three or more business days in advance. Specifically, providers must inquire whether an individual scheduling such service is enrolled in a health plan, including a government health care program, and intends to seek benefits for the service under the plan. Within a specified time period prior to administering such service, the provider must submit to the individual's plan, or to the individual if the individual is not enrolled in a plan, an estimate of expected charges for the service. Providers are subject to a maximum fine of \$10,000 for each failure to provide such an estimate.

Within a specified time period after receiving an estimate from a provider for a service, private health insurance plans must provide the plan holder with specified benefits information that includes but is not limited to

- the provider's estimated charge,
- whether the provider is in-network,
- the plan's estimated share of the amount,
- the plan holder's estimated cost-sharing amount, and
- the estimated amount remaining to meet the plan holder's deductible or out-of-pocket maximum.

Actions Timeline

- **Feb 7, 2020:** Introduced in House
- **Feb 7, 2020:** Referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and Labor, 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.
- **Feb 7, 2020:** Referred to the Subcommittee on Health.