

**SUBSTITUTE FOR  
SENATE BILL NO. 572**

A bill to amend 1978 PA 368, entitled  
"Public health code,"  
(MCL 333.1101 to 333.25211) by adding section 24509 to article 18.

**THE PEOPLE OF THE STATE OF MICHIGAN ENACT:**

1           **Sec. 24509. (1) Subject to subsection (2), a nonparticipating**  
2 **provider who is providing a health care service to a nonemergency**  
3 **patient shall provide the disclosure described in subsection (3) to**  
4 **the nonemergency patient at the earliest of the following:**

5           **(a) If the health care service is being provided in a health**  
6 **facility described in section 24502(5) (a), (b), (c), (e), or (f),**  
7 **at least 21 days before providing the health care service or, if**  
8 **the health care service is being provided in a health facility**  
9 **described in section 24502(5) (d), at the time of the**



1 nonparticipating provider's first contact with the nonemergency  
2 patient regarding the health care service.

3 (b) During 1 of the following:

4 (i) A presurgical consultation for the health care service.

5 (ii) A scheduling or intake call for the health care service.

6 (iii) A preoperative review for the health care service.

7 (iv) Any other contact occurring before a health care service  
8 that is similar to a contact described in subparagraph (i), (ii), or  
9 (iii).

10 (2) A nonparticipating provider shall not provide the  
11 disclosure described in subsection (3) to a nonemergency patient at  
12 the time of the nonemergency patient's admittance to a health  
13 facility described in section 24502(5) (a), (b), (c), (e), or (f),  
14 or at the time of preparing the nonemergency patient for a surgery  
15 or another medical procedure.

16 (3) The disclosure required under subsection (1) must be in  
17 not less than 12-point type and in substantially the following  
18 form:

19 "Your health benefit plan may or may not provide coverage for  
20 all of the health care services you are scheduled to receive or the  
21 providers providing those services. You may be responsible for the  
22 costs of the health care services that are not covered by your  
23 health benefit plan.

24 The nonparticipating provider must provide a good-faith  
25 estimate of the cost of the health care services to be provided.

26 You also have a right to request that the health care services  
27 be performed by a provider that participates with your health  
28 benefit plan, and may contact your insurer to arrange for those  
29 health care services to be provided by a participating provider at



1 a potentially lower cost.

2 I have received, read, and understand this disclosure.

3 \_\_\_\_\_  
4 (Patient or patient's representative's signature) (Date)

5 \_\_\_\_\_  
6 (Type or print name of patient or patient's representative)".

7 (4) A nonparticipating provider shall do all of the following:

8 (a) Complete the disclosure described in subsection (3) and,  
9 after completing the disclosure, obtain on the disclosure the  
10 signature of the nonemergency patient, or that patient's  
11 representative, acknowledging that the nonemergency patient, or  
12 that patient's representative, has received, has read, and  
13 understands the disclosure.

14 (b) Retain a copy of the completed and signed disclosure for  
15 not less than 7 years.

16 (c) Provide the nonemergency patient or that patient's  
17 representative with a good-faith estimate of the cost of the health  
18 care services to be provided to the nonemergency patient. The  
19 nonparticipating provider shall provide the estimate described in  
20 this subdivision to the nonemergency patient at the same time the  
21 nonemergency patient is provided with the disclosure described in  
22 subsection (3).

23 (5) A nonparticipating provider who fails to provide the  
24 disclosure required under this section shall accept from the  
25 nonemergency patient's insurer, as payment in full, the greater of  
26 the following and shall not collect or attempt to collect from the  
27 nonemergency patient any amount other than any applicable  
28 coinsurance, copayment, or deductible:

29 (a) The average amount negotiated by the nonemergency



1 patient's health benefit plan with participating providers for the  
2 health care service provided, excluding any in-network coinsurance,  
3 copayments, or deductibles.

4 (b) One hundred and fifty percent of the amount that would be  
5 covered by Medicare for the health care service provided, excluding  
6 any in-network coinsurance, copayments, or deductibles.

7 Enacting section 1. This amendatory act does not take effect  
8 unless Senate Bill No. 570 of the 100th Legislature is enacted into  
9 law.

