

Comparative Print: Changes in Existing Law for Bill number:

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Omitted text is shown ~~stricken~~, new matter that is proposed is in underlined italics, and existing text in which no change is being proposed is shown in regular roman. Typesetting and stylistic characteristics, particularly in the headings and indentations, may not conform to how the text, if adopted, would be illustrated in subsequent versions of legislation or public law.

Summary

- (1) 9 amendments.
- (2) 0 automated notifications.

Current Law(s) being amended

- 1. [Indian Health Care Improvement Act](#)

Comparative Print: Changes in Existing Law

1. *Indian Health Care Improvement Act*

[As Amended Through P.L. 117–58, Enacted November 15,
2021]

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TITLE II—HEALTH SERVICES

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Sec. **222**. LIABILITY FOR PAYMENT.

(a) **No Patient Liability.**— ~~A patient~~ Notwithstanding any other provision of law, a patient who receives ~~contract health care~~ or has received purchased/referred care services that are or were authorized by the Service shall not be liable for the payment of any charges or costs associated with the provision of such services.

(b) **Notification.**— The Secretary shall notify a ~~contract care~~ *purchased/referred care* provider and any patient who receives ~~contract health care~~ *purchased/referred care* services authorized by the Service that , notwithstanding any other provision of law, such patient is not liable to any provider, debt collector, or any other person for the payment of any charges or costs associated with the provision of such services not later than 5 business days after receipt of a notification of a claim by a provider of ~~contract care~~ *purchased/referred care* services.

(c) **No Recourse.**— Following receipt of the notice provided under subsection (b), or, if a claim has been deemed accepted under section 220(b), the provider , the debt collector, or any other person, as applicable shall have no further recourse against the patient who received the services.

(d) REIMBURSEMENT.—

(1) IN GENERAL.— Not later than 120 days after the date of enactment of this subsection, the Service shall establish and implement procedures to allow a patient that paid out-of-pocket for purchased/referred care services authorized by the Service under this Act to be reimbursed by the Service for that payment not later than 30 days after the patient submits documentation to the Service pursuant to paragraph (2).

(2) SUBMITTING DOCUMENTATION.— The Service shall accept documentation from a patient seeking reimbursement under paragraph (1) that was submitted—

(A) electronically; or

(B) in-person at a Service facility.

[Section 224 repealed by section 101(b)(5) of S. 1790 (as reported by the Senate and enacted into law by section 10221(a) of Public Law 111–148; enactment date March 23, 2010.)]

Summary

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- (2) 0 automated notifications.

About this report

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