Establishes the balance billing protection act.

Finds that consumers receive surprise bills or balance bills for services provided at out-of-network facilities or by out-of-network health care providers at in-network facilities.

Declares an intent to: (1) Ban balance billing of consumers enrolled in fully insured, regulated insurance plans and plans offered to public employees under state health care authority provisions for certain services;

- (2) Provide self-funded group health plans with an option to elect to be subject to the provisions of this act;
- (3) Remove consumers from balance billing disputes and require that out-of-network providers and carriers negotiate out-of-network payments in good faith under the terms of this act; and
- (4) Provide an environment that encourages self-funded groups to negotiate out-of-network payments in good faith with providers and hospitals in return for balance billing protections.