

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025**

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**HOUSE BILL 192
Committee Substitute Favorable 6/24/25
PROPOSED SENATE COMMITTEE SUBSTITUTE H192-CSLUa-7 [v.4]
09/21/2025 12:34:04 PM**

Short Title: Defund Planned Parenthood & Cost Transparency.

(Public)

Sponsors:

Referred to:

February 26, 2025

A BILL TO BE ENTITLED
AN ACT TO PROVIDE GREATER FAIRNESS IN BILLING AND COLLECTIONS
PRACTICES FOR HOSPITALS AND AMBULATORY SURGICAL FACILITIES AND
TO PROHIBIT PLANNED PARENTHOOD PARTICIPATION IN MEDICAID.

Whereas, on January 24, 2025, President Donald J. Trump issued Executive Order 14182, Enforcing the Hyde Amendment, which reinforced that the policy of the United States is to end the forced use of federal taxpayer dollars to fund or promote elective abortion. President Trump also reversed prior actions from the Biden administration that disregarded and contradicted the Hyde amendment; and

Whereas, Congress passed and President Trump signed H.R. 1, the One Big Beautiful Bill Act, which included the federal defunding of elective abortion centers like Planned Parenthood for the next year; and

Whereas, in its June 26, 2025, ruling in *Medina v. Planned Parenthood*, the U.S. Supreme Court affirmed the right of states to bar Planned Parenthood from receiving Medicaid funds; and

Whereas, Americans and North Carolinians have made clear that they do not want their tax dollars subsidizing abortions; Now, therefore,
The General Assembly of North Carolina enacts:

PROHIBIT PLANNED PARENTHOOD PARTICIPATION IN MEDICAID

SECTION 1.(a) The Department of Health and Human Services, Division of Health Benefits, shall do all of the following:

- (1) Disenroll Planned Parenthood Federation of America, Inc. and associated entities as Medicaid providers.
- (2) Discontinue any Medicaid contracts with Planned Parenthood Federation of America, Inc. and associated entities.
- (3) Engage other Medicaid providers to provide Medicaid services previously provided by Planned Parenthood Federation of America, Inc. and associated entities.

SECTION 1.(b) This section is effective when it becomes law.

**GREATER FAIRNESS IN BILLING AND COLLECTIONS PRACTICES FOR
HOSPITALS AND AMBULATORY SURGICAL FACILITIES**



1 **SECTION 2.(a)** Chapter 131E of the General Statutes is amended by adding a new
2 Article 11C to be entitled "Fair Billing and Collections Practices for Hospitals and Ambulatory
3 Surgical Facilities."

4 **SECTION 2.(b)** G.S. 131E-91 is recodified as G.S. 131E-214.50 under Article 11C
5 of Chapter 131E of the General Statutes, as created by subsection (a) of this section.

6 **SECTION 2.(c)** G.S. 131E-214.50(d) reads as rewritten:

7 "(d) Hospitals and ambulatory surgical facilities shall abide by the following reasonable
8 collections practices:

9 ...

10 (1a) A hospital or ambulatory surgical facility shall not refer a patient's unpaid bill
11 to a collections agency, entity, or other assignee unless it has first presented
12 an itemized list of charges to the patient detailing, in language comprehensible
13 to an ordinary layperson, the specific nature of the charges or expenses
14 incurred by the patient.

15 "

16 **SECTION 2.(d)** Article 11C of Chapter 131E of the General Statutes, as created by
17 subsection (a) of this section, is amended by adding a new section to read:

18 **"§ 131E-214.52. Patient's right to a good-faith estimate.**

19 (a) Definitions. – The following definitions apply in this section:

20 (1) CMS. – The federal Centers for Medicare and Medicaid Services.

21 (2) Facility. – A hospital or ambulatory surgical facility licensed under this
22 Chapter.

23 (3) Items and services. – All items and services, including individual items and
24 services and service packages, that could be provided by a facility to a patient
25 in connection with an inpatient admission or an outpatient visit for which the
26 facility has established a standard charge. Examples include, but are not
27 limited to, all of the following:

28 a. Supplies and procedures.

29 b. Room and board.

30 c. Fees for use of the facility or other items.

31 d. Professional charges for services of physicians and nonphysician
32 practitioners who are employed by the facility.

33 e. Professional charges for services of physicians and nonphysician
34 practitioners who are not employed by the facility.

35 f. Any other items or services for which a facility has established a
36 standard charge.

37 (4) Service package. – An aggregation of individual items and services into a
38 single service with a single charge.

39 (5) Shoppable service. – A non-urgent service that can be scheduled by a patient
40 in advance. The term includes all CMS-specified shoppable services plus as
41 many additional facility-selected shoppable services as are necessary for a
42 combined total of at least 300 shoppable services.

43 (b) Good-Faith Estimate. – Upon request of any patient for a good-faith estimate for a
44 shoppable service, the facility shall provide to the patient, in writing, at least three business days
45 prior to the date the patient schedules the shoppable service, an itemized list of expected charges,
46 in language comprehensible to an ordinary layperson, that the patient will be obligated to pay for
47 all items and services related to the shoppable service. The good-faith estimate shall include the
48 Diagnostic Related Group (DRG), Current Procedural Terminology (CPT), or Healthcare
49 Common Procedure Coding System (HCPCS) code for each expected charge.

(c) In any case in which a patient has requested a good-faith estimate from a facility for a shoppable service, the patient's final bill for that shoppable service shall not exceed more than five percent (5%) of the good-faith estimate provided to the patient pursuant to this section.

(d) The Department shall adopt rules to implement this section."

SECTION 2.(e) Subsections (a) through (e) of this section become effective on the later of January 1, 2026, or the date the rules adopted by the Department under G.S. 131E-214.52 take effect and apply to acts occurring on or after that date. The Department shall notify the Revisor of Statutes when the rules required under G.S. 131E-214.52 take effect.

STATE BUDGET ACT APPLICABILITY

SECTION 3. If any provision of this act and G.S. 143C-5-4 are in conflict, the provisions of this act shall prevail. The appropriations and the authorizations to allocate and spend funds which are set out in this act shall remain in effect until the Current Operations Appropriations Act for the applicable fiscal year becomes law, at which time that act shall become effective and shall govern appropriations and expenditures. When the Current Operations Appropriations Act for that fiscal year becomes law, the Director of the Budget shall adjust allotments to give effect to that act from July 1 of the fiscal year.

SEVERABILITY CLAUSE

SECTION 4. If any provision of this act or its application is held invalid, the invalidity does not affect other provisions or applications of this act that can be given effect without the invalid provisions or application and, to this end, the provisions of this act are severable.

EFFECTIVE DATE

SECTION 5. Except as otherwise provided, this act is effective retroactively to July 1, 2025.