**South Carolina General Assembly**

126th Session, 2025-2026

**H. 4069**

**STATUS INFORMATION**

General Bill

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Introduced in the House on February 20, 2025

Currently residing in the House Committee on **Medical, Military, Public and Municipal Affairs**

Summary: Patient-Friendly Billing

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

2/20/2025 House Introduced and read first time ([House Journal‑page 6](h:\hj\20250220.docx))

2/20/2025 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** ([House Journal‑page 6](h:\hj\20250220.docx))

View the latest  [legislative information](https://www.scstatehouse.gov/billsearch.php?billnumbers=4069&session=126&summary=B)  at the website

**VERSIONS OF THIS BILL**

[02/20/2025](https://www.scstatehouse.gov/sess126_2025-2026/prever/4069_20250220.docx)

A bill

TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY ADDING SECTION 44‑7‑327 SO AS TO ESTABLISH CERTAIN REQUIREMENTS PERTAINING TO PATIENT BILLING FOR HEALTH SERVICES AND SUPPLIES.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Article 3, Chapter 7, Title 44 of the S.C. Code is amended by adding:

Section 44‑7‑327. (A) For purposes of this section:

(1) “Debt collection” means an action, conduct, or practice in collecting, or in soliciting for collection, consumer debts that are due or alleged to be due a creditor.

(2) “Healthcare facility” means the same as defined in Section 44‑7‑130.

(3) “Healthcare service” means a service a healthcare facility provides to an individual to diagnose, prevent, treat, alleviate, cure, or heal a human health condition, illness, injury, or disease.

(B)(1) Beginning January 1, 2026, a healthcare facility that requests payment from a patient after providing a healthcare service or related supply to the patient shall:

(a) provide to the patient an electronic version of the itemized bill of the alleged remittance sought for each service and supply provided to the patient during the patient’s visit to the healthcare facility; or

(b) provide to the patient a copy of the written itemized bill of the alleged remittance sought for each service and supply provided to the patient during the patent’s visit to the healthcare facility.

The healthcare facility must ensure the itemized bill is made available no later than the thirtieth day after the healthcare facility receives a final payment on the provided service or supply from a third party.

(2)(a) The healthcare facility must notify the patient in clear and conspicuous language on the primary page of the bill of the availability of obtaining an itemized copy electronically or in writing pursuant to item (1) and must offer the patient the ability to indicate the preferred form of the itemized bill by checking an appropriate box on the primary page of the patient bill near the indication of the amount owed.

(b) A patient may waive the right to receive an itemized bill by marking and initialing at a specified location subsequent to the language notifying the patient of the right to an itemized bill on the primary page. An initial waiver of the right to an itemized bill does not prevent the patient from later receiving an itemized bill upon request.

(3) The itemized bill must include:

(a) a plain language description, in accordance with the most current billing reading level requirements and guidance provided by the Centers for Medicare and Medicaid Services, for each distinct healthcare service and quantity of supply the healthcare facility provided to the patient;

(b) the amount the healthcare facility alleges is due from the patient for each service and supply provided to the patient; and

(c) if the healthcare facility sought or is seeking reimbursement from a third party, any billing code submitted to the third party, and the patient’s responsibility amount due to the healthcare facility pursuant the third party insurer’s explanation of benefits. The third party insurer's explanation of benefits shall set forth a specific explanation of the patient’s responsibility amount including, but not limited to, whether the amount is a deductible, coinsurance, or noncovered charges.

(4)(a) A healthcare facility is legally authorized to issue itemized bills electronically, including through a patient portal on the healthcare facility’s website.

(b) In accordance with items (1) and (2), a patient may obtain from the healthcare facility an itemized bill upon request any time after the itemized bill is initially issued.

(5) A healthcare facility may not pursue debt collection against a patient for a provided healthcare service or supply unless the healthcare facility has complied with this section.

(6) A collection agency is not liable under this section for billing inaccuracies provided by the healthcare facility. If any inaccuracies are determined, the collection agency must cease collection activities and return the account back to the healthcare facility.

(C) The appropriate licensing authority shall take disciplinary action against the healthcare facility for the violation as if the healthcare facility violated an applicable licensing law.

SECTION 2. This act takes effect upon approval by the Governor.

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