

2020 First Extraordinary Session

HOUSE BILL NO. 61

BY REPRESENTATIVE FRIEMAN

INSURANCE/HEALTH: Provides relative to surprise billing (Item #37)

1 AN ACT

2 To amend and reenact R.S. 22:1875 and to enact R.S. 22:1872(24), relative to billing by  
3 noncontracted facility-based physicians; to define surprise billing; to prohibit  
4 surprise billing; to provide for billing by noncontracted facility-based providers; to  
5 provide for applicability; and to provide for related matters.

6 Be it enacted by the Legislature of Louisiana:

7 Section 1. R.S. 22:1875 is hereby amended and reenacted and R.S. 22:1872(24) is  
8 hereby enacted to read as follows:

9 §1872. Definitions

10 As used in this Subpart:

11 \* \* \*

12 (24) "Surprise billing" means the event in which an enrollee or insured  
13 receives any service at a base healthcare facility that is contracted with his health  
14 insurance issuer, but the facility-based physician providing the service is not  
15 contracted with his health insurance issuer and seeks to collect in excess of the  
16 amounts authorized pursuant to R.S. 22:1875(A) and (B).

17 \* \* \*

18 §1875. Billing by noncontracted facility-based physicians providing services in a  
19 base ~~health care~~ healthcare facility

20 A. If a facility-based physician who is a noncontracted ~~health care~~ healthcare  
21 provider provides ~~health care~~ healthcare services in a base ~~health care~~ healthcare  
22 facility to an enrollee or insured and files a claim with a health insurance issuer for

1 ~~such~~ the facility-based services, the health insurance issuer shall provide the  
2 facility-based physician with an explanation of benefits as to any payment  
3 determination thereof. ~~Nothing contained in this Subpart shall supercede the~~  
4 ~~provisions of R.S. 22:263(D).~~

5 B. The facility-based physician providing services at a contracted base  
6 healthcare facility is prohibited from surprise billing or attempting to collect from  
7 or collecting from an enrollee or insured an amount in excess of the greatest of the  
8 amount paid by the issuer to contracted providers for the same or similar services at  
9 that facility or one hundred thirty-five percent of the Medicare reimbursement rate  
10 for such services.

11 C. The facility-based physician shall not bill, attempt to collect from, or  
12 collect from an enrollee or insured amounts other than those representing  
13 coinsurance, copayments, deductibles, or other amounts identified by the health  
14 insurance issuer on an explanation of benefits as an amount for which the enrollee  
15 or insured is liable.

16 D. The provisions of this Section shall apply to all services provided by a  
17 noncontracted, facility-based provider, regardless of whether such services were due  
18 to an emergency.

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#### DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

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HB 61 Original

2020 First Extraordinary Session

Frieman

**Abstract:** Prohibits surprise billing by noncontracted, facility-based physicians.

Proposed law defines "surprise billing" as the event in which an enrollee or insured receives any service at a base healthcare facility that is contracted with his health insurance issuer, but the facility-based physician providing the service is not contracted with his health insurance issuer and seeks to collect in excess of the amounts authorized by proposed law.

Present law requires a health insurance issuer to provide a noncontracted, facility-based physician who renders healthcare services in a base healthcare facility to an enrollee or insured and files a claim with the health insurance issuer for the facility-based services with an explanation of benefits as to any payment determination.

Proposed law retains present law but makes technical changes.

Present law (R.S. 22:1875) shall not supersede the provisions of present law (R.S. 22:263(D)) authorizing a healthcare provider who does not contract with a health maintenance organization to pursue collection from the health maintenance organization for emergency services rendered, if the healthcare provider has no direct knowledge or information that the patient is an enrollee of a health maintenance organization.

Proposed law repeals present law.

Proposed law prohibits a facility-based physician providing services at a contracted base healthcare facility from surprise billing or attempting to collect from an enrollee or insured an amount in excess of: (1) the amount paid by the issuer to contracted providers for the same or similar services at that facility, or (2) 135% of the Medicare reimbursement rate for such services, whichever is greater.

Proposed law prohibits the facility-based physician from billing or collecting from an enrollee or insured amounts other than those representing coinsurance, copayments, deductibles, or other amounts identified by the health insurance issuer on an explanation of benefits as an amount for which the enrollee or insured is liable.

Proposed law applies to all services provided by a noncontracted, facility-based provider, regardless of whether the services were due to an emergency.

(Amends R.S. 22:1875; Adds R.S. 22:1872(24))