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## DIGEST

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HB 435 Engrossed

2017 Regular Session

Talbot

**Abstract:** Requires that a healthcare facility advise a patient at initial registration of the possible use of out-of-network medical providers and that the patient may be responsible for payment to the out-of-network providers.

Present law requires that a healthcare facility provide a written notice to a patient regarding the possible provision of services to a patient by facility-based providers who are out-of-network providers. Present law further requires that the patient be informed in the written notice that the patient may be responsible for all or part of the fees for out-of-network services. Proposed law rewrites the notice to clarify what balance billing is and that the patient will be responsible for charges by those out-of-network providers.

Proposed law requires that the patient sign a copy of the balance billing notice provided to him which the facility is responsible for maintaining in the patient's records on-site.

Present law requires that a healthcare facility provide a patient upon request with the name and contact information for providers who are contracted to provide services at the facility, and inform the patient that he may request information from his insurer as to whether those providers are in-network or out-of-network, and under what circumstances the patient may be responsible for payment of amounts not paid by the insurer. Proposed law requires the facility to provide this information to the patient.

Proposed law provides that proposed law will be enforced by the Department of Health and the commissioner of insurance.

(Amends R.S. 22:1880(C)(1) and (2); Adds R.S. 22:1880(E))

### Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Insurance to the original bill:

1. Rewrite the balance billing notice to be given by a healthcare facility to an insured or enrollee at first registration of the insured or enrollee to clarify the likelihood of balance billing and encourage the insured or enrollee to contact his health plan provider for further information regarding which providers are in-network and which are out-of-network.

2. Require the insured or enrollee to sign a copy of the balance billing notice, which the healthcare facility is required to maintain.
3. Require the healthcare facility to provide the insured or enrollee with a list of names and contact information for each individual or group of hospital-contracted anesthesiologists, pathologists, radiologists, hospitalists, intensivists, and neonatologists who provide services at the facility and inform the insured or enrollee that he may request information from his insurer as to whether those providers are in-network or out-of-network and under what circumstances the insurer or enrollee may be responsible for payment of amounts not paid by the insurer.
4. Provide for enforcement by the Department of Health and commissioner of insurance.
5. Make technical changes.