

2023 Regular Session

SENATE BILL NO. 109

BY SENATOR TALBOT

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

INSURANCE POLICIES. Provides for balance billing by and reimbursement of covered health services provided by out-of-network emergency ambulance services. (8/1/23)

1 AN ACT

2 To enact R.S. 22:1880.2, relative to out-of-network emergency ambulance services
3 providing covered health care services; to provide for definitions; to provide
4 reimbursement for emergency ambulance service providers by health insurance
5 issuers; to provide for balance billing requirements for an out-of-network emergency
6 ambulance service providers; and to provide for related matters.

7 Be it enacted by the Legislature of Louisiana:

8 Section 1. R.S. 22:1880.2 is hereby enacted to read as follows:

9 **§1880.2. Payment of claims for covered health care services provided by**
10 **out-of-network care insurer of the enrollee receiving the covered**
11 **health care services; definitions**

12 **A. As used in this Section, the following definitions apply unless the**
13 **context indicates otherwise:**

14 **(1) "Ambulance service provider" means a ground or air ambulance**
15 **service provider as defined in R.S. 40:1131.**

16 **(2) "Enrollee" means a person who is entitled to receive covered health**
17 **care services under the terms of a health care benefit plan.**

1 **(3) "Health care benefit plan" means a plan, policy, contract, certificate,**
2 **agreement, or other evidence of coverage for health care services offered,**
3 **issued, renewed, or extended in this state by a health care insurer.**

4 **(4) "Health care insurer" means an entity that is subject to state**
5 **insurance regulation and provides coverage for health benefits in this state and**
6 **includes the following:**

7 **(a) An insurance company.**

8 **(b) A health maintenance organization.**

9 **(c) A hospital and medical service corporation.**

10 **(d) A risk-based provider organization.**

11 **(e) A sponsor of self-funded governmental plan.**

12 **(f) "Out-of-network" means a provider that does not contract with the**
13 **health care insurer of the enrollee receiving the covered health care services.**

14 **B. The minimum allowable reimbursement rate under any health care**
15 **benefit plan issued by any health care insurer to an out-of-network ambulance**
16 **service provider shall be one of the following:**

17 **(1) At the rates set or approved, whether in contract or ordinance, by a**
18 **local governmental entity in the jurisdiction in which the covered health care**
19 **services originate, or as provided for in R.S. 33:4791.**

20 **(2) In the absence of rates as provided in Paragraph (1) of Subsection B**
21 **of this Section, the minimum allowable rate of reimbursement under any health**
22 **benefit plan issued by any health care insurer shall be three hundred**
23 **seventy-five percent of the current published rate for ambulance services as**
24 **established by the Centers for Medicare and Medicaid Services under Title**
25 **XVIII of the Social Security Act Medicare for the same service provided in the**
26 **same geographic area or the ambulance service provider's billed charges,**
27 **whichever is less.**

28 **C. Payment made in compliance with this Section shall be considered**
29 **payment in full for the covered services provided, except for any copayment,**

1 **coinsurance, deductible and other cost-sharing feature amounts required to be**
2 **paid by the enrollee.**

3 **D. All copayment, coinsurance, deductible and other cost-sharing feature**
4 **amounts provided by Subsection B of this Section shall not exceed the in**
5 **network copayment, coinsurance, deductible and other cost-sharing features for**
6 **the covered health care services received by the enrollee.**

7 **E. A health care insurer shall promptly remit payment for ambulance**
8 **services directly to the ambulance service provider and shall not send payment**
9 **to an enrollee.**

The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Beth O'Quin.

DIGEST

SB 109 Original 2023 Regular Session Talbot

Proposed law provides definitions for ambulance service provider, enrollee, health care benefit plan, health care insurer, and out-of-network.

Proposed law requires the minimum allowable reimbursement rate under any health care benefit plan issued by a health care insurer to an out-of-network ambulance service provider is one of the following:

- (1) At the rates set or approved, whether in contract or ordinance, by a local governmental entity in the jurisdiction in which the covered health care services originate, or as provided by law.
- (2) Requires if no rates have been set or approved, the minimum allowable rate of reimbursement under any health benefit plan issued by any health care insurer is 375% of the current published rate for ambulance services as established by the Centers for Medicare and Medicaid Services for the same service provided in the same geographic area or the ambulance service provider's billed charges, whichever is less.

Effective August 1, 2023.

(Adds R.S. 22:1880.2)