
HOUSE COMMITTEE AMENDMENTS

2017 Regular Session

Amendments proposed by House Committee on Insurance to Original House Bill No. 435
by Representative Talbot

1 AMENDMENT NO. 1

2 On page 1, at the beginning of line 2, delete "To enact R.S. 22:1880(E)," and insert "To
3 amend and reenact R.S. 22:1880(C)(1) and (2) and to enact R.S. 22:1880(E),"

4 AMENDMENT NO. 2

5 On page 1, line 3, after "providers" delete the remainder of the line and insert a semi-colon
6 ";

7 AMENDMENT NO. 3

8 On page 1, delete line 4 in its entirety and insert in lieu thereof "to provide for notice to
9 insureds of possible balance billing at first registration with a healthcare facility; to"

10 AMENDMENT NO. 4

11 On page 1, delete line 7 in its entirety and insert in lieu thereof "Section 1. R.S.
12 22:1880(C)(1) and (2) are hereby amended and reenacted and R.S. 22:1880(E) is hereby
13 enacted to read as follows:"

14 AMENDMENT NO. 5

15 On page 1, delete lines 10 through 18 in their entirety, and insert in lieu thereof the
16 following:

17 "C. Facility disclosure requirements. Each ~~health care~~ healthcare facility
18 shall:

19 (1) Provide a written notice to an enrollee or insured at the first
20 registration contact with the enrollee or insured at the ~~health care~~ healthcare
21 facility regarding nonemergency services. A copy of the written notice shall
22 be signed by the enrollee or insured and be maintained by the healthcare
23 facility. disclosing The written notice shall disclose the following items:

24 (a) Confirmation as to whether the facility is a participating provider
25 contracted with the enrollee's or insured's health insurance issuer on the date
26 services are to be rendered, based on the information received from the
27 enrollee or insured at the time the confirmation is provided.

28 (b) The following balance billing disclosure notice in minimum 12
29 point typeface:

30 "NOTICE
31 ~~HEALTH CARE SERVICES MAY BE PROVIDED TO YOU AT A~~
32 ~~NETWORK HEALTH CARE FACILITY BY FACILITY-BASED~~
33 ~~PHYSICIANS WHO ARE NOT IN YOUR HEALTH PLAN. YOU MAY~~
34 ~~BE RESPONSIBLE FOR PAYMENT OF ALL OR PART OF THE FEES~~
35 ~~FOR THOSE OUT-OF-NETWORK SERVICES, IN ADDITION TO~~
36 ~~APPLICABLE AMOUNTS DUE FOR CO-PAYMENTS, COINSURANCE,~~
37 ~~DEDUCTIBLES, AND NON-COVERED SERVICES. SPECIFIC~~
38 ~~INFORMATION ABOUT IN-NETWORK AND OUT-OF-NETWORK~~
39 ~~FACILITY-BASED PHYSICIANS CAN BE FOUND AT THE WEBSITE~~
40 ~~ADDRESS OF YOUR HEALTH PLAN OR BY CALLING THE~~
41 ~~CUSTOMER SERVICE TELEPHONE NUMBER OF YOUR HEALTH~~
42 ~~PLAN".~~ Professional services rendered by independent healthcare

1 professionals are not part of the hospital bill. These services will be billed
2 to the patient separately. Please understand that physicians or other
3 healthcare professionals may be called upon to provide care or services to
4 you or on your behalf, but you may not actually see, or be examined by, all
5 physicians or healthcare professionals participating in your care; for
6 example, you may not see physicians providing radiology, pathology, and
7 EKG interpretation. In many instances, there will be a separate charge for
8 professional services rendered by physicians to you or on your behalf, and
9 you will receive a bill for these professional services that is separate from the
10 bill for hospital services. These independent healthcare professionals may
11 not participate in your health plan and you may be responsible for payment
12 of all or part of the fees for the services provided by these physicians who
13 have provided out-of-network services, in addition to applicable amounts due
14 for copayments, coinsurance, deductibles, and non-covered services.

15 We encourage you to contact your health plan to determine whether
16 the independent healthcare professionals are participating with your health
17 plan. In order to obtain the most accurate and up-to-date information about
18 in-network and out-of-network independent healthcare professionals, please
19 contact the customer service number of your health plan or visit its website.
20 Your health plan is the primary source of information on its provider network
21 and benefits. To help you determine whether the independent healthcare
22 professionals who provide services at this facility are participating with your
23 health plan, this healthcare facility has provided you with a complete list of
24 the names and contact information for each individual or group."

25 (2) Provide a list ~~upon request from an~~ to the enrollee or insured that
26 contains the name and contact information for each individual or group of
27 hospital-contracted anesthesiologists, pathologists, radiologists, hospitalists,
28 intensivists, and neonatologists who provide services at that facility and
29 inform the enrollee or insured that the enrollee or insured may request
30 information from their health insurance issuer as to whether those physicians
31 are contracted with the health insurance issuer and under what circumstances
32 the enrollee or insured may be responsible for payment of any amounts not
33 paid by the health insurance issuer.

34 * * *

35 E. The provisions of this Section shall be enforced in accordance
36 with R.S. 22:1879(D) and (E)."

37 AMENDMENT NO. 6

38 On page 2, delete lines 1 through 28 and on page 3, delete lines 1 through 16 in their entirety