HLS 17RS-272 ENGROSSED

2017 Regular Session

HOUSE BILL NO. 435

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BY REPRESENTATIVE TALBOT

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

INSURANCE/HEALTH: Requires a healthcare facility to provide notice of balance billing

AN ACT

2	To amend and reenact R.S. 22:1880(C)(1) and (2) and to enact R.S. 22:1880(E), relative to
3	balance billing disclosure; to require that a healthcare facility disclose to a patient
4	out-of-network providers; to provide for notice to insureds of possible balance billing
5	at first registration with a healthcare facility; to provide for penalties for failure to
6	disclose; and to provide for related matters.
7	Be it enacted by the Legislature of Louisiana:
8	Section 1. R.S. 22:1880(C)(1) and (2) are hereby amended and reenacted and R.S.
9	22:1880(E) is hereby enacted to read as follows:
10	§1880. Balance billing disclosure
11	* * *
12	C. Facility disclosure requirements. Each health care healthcare facility
13	shall:
14	(1) Provide a written notice to an enrollee or insured at the first registration
15	contact with the enrollee or insured at the health care healthcare facility regarding
16	nonemergency services. A copy of the written notice shall be signed by the enrollee
17	or insured and be maintained by the healthcare facility. disclosing The written notice
18	shall disclose the following items:
19	(a) Confirmation as to whether the facility is a participating provider
20	contracted with the enrollee's or insured's health insurance issuer on the date services

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are to be rendered, based on the information received from the enrollee or insured at the time the confirmation is provided.

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

"NOTICE

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HEALTH CARE SERVICES MAY BE PROVIDED TO YOU AT A NETWORK HEALTH CARE FACILITY BY FACILITY-BASED PHYSICIANS WHO ARE NOT IN YOUR HEALTH PLAN. YOU MAY BE RESPONSIBLE FOR PAYMENT OF ALL OR PART OF THE FEES FOR THOSE OUT-OF-NETWORK SERVICES, IN ADDITION TO APPLICABLE AMOUNTS DUE FOR CO-PAYMENTS, COINSURANCE, DEDUCTIBLES, AND NON-COVERED SERVICES. SPECIFIC INFORMATION ABOUT IN-NETWORK AND OUT-OF-NETWORK FACILITY-BASED PHYSICIANS CAN BE FOUND AT THE WEBSITE ADDRESS OF YOUR HEALTH PLAN OR BY CALLING THE CUSTOMER SERVICE TELEPHONE NUMBER OF YOUR HEALTH PLAN". Professional services rendered by independent healthcare professionals are not part of the hospital bill. These services will be billed to the patient separately. Please understand that physicians or other healthcare professionals may be called upon to provide care or services to you or on your behalf, but you may not actually see, or be examined by, all physicians or healthcare professionals participating in your care; for example, you may not see physicians providing radiology, pathology, and EKG interpretation. In many instances, there will be a separate charge for professional services rendered by physicians to you or on your behalf, and you will receive a bill for these professional services that is separate from the bill for hospital services. These independent healthcare professionals may not participate in your health plan and you may be responsible for payment of all or part of the fees for the services provided by these physicians who have provided out-of-network services, in addition to applicable amounts due for copayments, coinsurance, deductibles, and noncovered services.

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We encourage you to contact your health plan to determine whether the independent healthcare professionals are participating with your health plan. In order to obtain the most accurate and up-to-date information about in-network and out-of-network independent healthcare professionals, please contact the customer service number of your health plan or visit its website. Your health plan is the primary source of information on its provider network and benefits. To help you determine whether the independent healthcare professionals who provide services at this facility are participating with your health plan, this healthcare facility has provided you with a complete list of the names and contact information for each individual or group." (2) Provide a list upon request from an to the enrollee or insured that contains the name and contact information for each individual or group of hospital-contracted anesthesiologists, pathologists, radiologists, hospitalists, intensivists, and neonatologists who provide services at that facility and inform the enrollee or insured that the enrollee or insured may request information from their health insurance issuer as to whether those physicians are contracted with the health insurance issuer and under what circumstances the enrollee or insured may be responsible for payment of any amounts not paid by the health insurance issuer. E. The provisions of this Section shall be enforced in accordance with R.S.

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)]

HB 435 Engrossed

22:1879(D) and (E).

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.

<u>Present law</u> 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

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notice that the patient may be responsible for all or part of the fees for out-of-network services. <u>Proposed law</u> rewrites the notice to clarify what balance billing is and that the patient will be responsible for charges by those out-of-network providers.

<u>Proposed law</u> 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.

<u>Present law</u> 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. <u>Proposed law</u> requires the facility to provide this information to the patient.

<u>Proposed law</u> provides that <u>proposed law</u> 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 <u>House Committee on Insurance</u> 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 innetwork 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.