2017 Regular Session

HOUSE BILL NO. 435

BY REPRESENTATIVE TALBOT

1	AN ACT		
2	To amend and reenact R.S. 22:1880(C)(1) and (2) and to enact R.S. 22:1880(C)(4) and (E),		
3	relative to balance billing disclosure; to require that a healthcare facility disclose to		
4	a patient out-of-network providers; to provide for notice to insureds of possible		
5	balance billing at first registration with a healthcare facility; to provide for penalties		
6	for failure to 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(C)(4) and (E) are 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		
21	are to be rendered, based on the information received from the enrollee or insured		
22	at the time the confirmation is provided.		

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

3 "NOTICE

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 non-covered services.

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

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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.

* * *

- (4) If a facility meets the definition of a provider-based entity, as defined by 42 CFR 413.65, and the facility is located off of the main hospital campus the facility shall disclose to the enrollee or insured the following:
- (a) That the enrollee or insured is receiving services in a hospital-based outpatient facility where the facility provides the use of the facility, medical, or technical equipment, supplies, staff, and services.
- (b) That depending on the enrollee's or insured's health insurance benefit plan and the actual services furnished by the facility, the patient may receive a facility charge billed separately from the physician that covers the fees for the use of the facility, medical, or technical equipment, supplies, staff, and services.

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1	E. The provisions of this Section shall be enforced in accordance with R.S.		
2	22:1879(D) and (E).		
		SPEAKER OF THE HOUSE OF REPRESENTATIVES	
		PRESIDENT OF THE SENATE	
		GOVERNOR OF THE STATE OF LOUISIANA	

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APPROVED: _____