

2020 First Extraordinary Session

HOUSE BILL NO. 67

BY REPRESENTATIVE CREWS

HEALTH SERVICES: Provides for transparency in health services pricing by in-network and out-of-network healthcare providers (Item #37)

1 AN ACT

2 To enact R.S. 22:1875.1, relative to billing and charges for health services; to establish
3 requirements for healthcare providers and facilities with respect to such billing and
4 charges; to provide conditions for healthcare facilities to be deemed "in-network"
5 with respect to health benefit plans; to restrict prices charged for emergency care in
6 certain circumstances; to require disclosure of prices for emergency and
7 nonemergency care; to provide for definitions; to provide for exceptions; and to
8 provide for related matters.

9 Be it enacted by the Legislature of Louisiana:

10 Section 1. R.S. 22:1875.1 is hereby enacted to read as follows:

11 §1875.1. In-network and out-of-network providers; emergency and nonemergency
12 care; health services price transparency; exception

13 A. For purposes of this Section, the term "health benefit plan" shall have the
14 meaning ascribed in R.S. 22:1020.1.

15 B. This Section shall not apply to any rural hospital as defined in R.S.
16 40:1189.3.

17 C. Except as provided in Subsection B of this Section but notwithstanding
18 any other provision of law to the contrary, if a healthcare provider practices at a
19 healthcare facility that is within the network of a health benefit plan but is not
20 enrolled as a provider in that plan, and the healthcare provider delivers emergency

1 care at that facility, then the provisions of Subsection G of this Section shall apply
2 to the billing for such care.

3 D. Except as provided in Subsection B of this Section but notwithstanding
4 any other provision of law to the contrary, with respect to any health benefit plan, a
5 healthcare facility shall be deemed as "in-network" for that plan for purposes of
6 nonemergency care only if the facility meets one or more of the following
7 qualifications:

8 (1) All healthcare providers who practice at the facility are partnered with
9 the plan.

10 (2) All out-of-network providers who deliver any services at the facility have
11 agreed to provide to each patient a good-faith estimate of all anticipated charges for
12 the patient's care during the scheduling of an appointment for that care or within
13 forty-eight hours of the scheduling of the appointment.

14 E.(1) Except as provided in Subsection B of this Section but notwithstanding
15 any other provision of law to the contrary, with respect to emergency care delivered
16 by an out-of-network healthcare provider at a healthcare facility, all of the following
17 shall apply:

18 (a) The provider shall make all prices for such care publicly available.

19 (b) The provider shall not charge for such emergency care any price that is
20 greater than the price that was publicly available forty-eight hours prior to the patient
21 being admitted for that care.

22 (2) If an out-of-network healthcare provider delivers emergency care at a
23 healthcare facility and fails to meet the requirements of Paragraph (1) of this
24 Subsection, then the provisions of Subsection G of this Section shall apply to the
25 billing for such care.

26 F.(1) Except as provided in Subsection B of this Section but notwithstanding
27 any other provision of law to the contrary, with respect to nonemergency care
28 delivered by an out-of-network healthcare provider at a healthcare facility, the
29 provider shall agree to provide to each patient a good-faith estimate of all anticipated

1 charges for the patient's care at least forty-eight hours prior to the patient being
2 admitted for such care.

3 (2) If an out-of-network healthcare provider delivers nonemergency care at
4 a healthcare facility and fails to meet the requirements of Paragraph (1) of this
5 Subsection, then the provisions of Subsection G of this Section shall apply to the
6 billing for such care.

7 G. A healthcare provider who is not contracted with the facility at which he
8 treats a patient or with the patient's health benefit plan shall not bill the plan for the
9 patient's care in an amount that exceeds two hundred percent of the Medicare rate for
10 that care.

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 67 Original 2020 First Extraordinary Session Crews

Abstract: Provides for transparency in health services pricing by in-network and out-of-network healthcare providers for emergency and nonemergency care.

Proposed law provides that, for its purposes, the term "health benefit plan" shall have the following definition provided in present law, R.S. 22:1020.1:

"Health benefit plan" means a policy, contract, certificate, or subscriber agreement entered into, offered, or issued by a health insurance issuer to provide, deliver, arrange for, pay for, or reimburse any of the costs of healthcare services.

Proposed law stipulates that if a healthcare provider practices at a healthcare facility that is within the network of a health benefit plan but is not enrolled as a provider in that plan, and the provider delivers emergency care at that facility, then the provider shall not bill the plan for the patient's care in an amount that exceeds 200% of the Medicare rate for that care.

Proposed law provides that with respect to any health benefit plan, a healthcare facility shall be deemed as "in-network" for that plan for purposes of nonemergency care only if the facility meets one or more of the following qualifications:

- (1) All healthcare providers who practice at the facility are partnered with the plan.
- (2) All out-of network providers who deliver any services at the facility have agreed to provide to each patient a good-faith estimate of all anticipated charges for the patient's care during the scheduling of an appointment for that care or within 48 hours of the scheduling of the appointment.

Proposed law provides that with respect to emergency care delivered by an out-of-network healthcare provider at a healthcare facility, all of the following shall apply:

- (1) The provider shall make all prices for such care publicly available.
- (2) The provider shall not charge for such emergency care any price that is greater than the price that was publicly available forty-eight hours prior to the patient being admitted for that care.

Proposed law provides that if an out-of-network healthcare provider delivers emergency care at a healthcare facility and fails to meet the requirements of proposed law relative to price disclosure, then the provider shall not bill the plan for the patient's care in an amount that exceeds 200% of the Medicare rate for that care.

Proposed law provides that with respect to nonemergency care delivered by an out-of-network healthcare provider at a healthcare facility, the provider shall agree to provide to each patient a good-faith estimate of all anticipated charges for the patient's care at least 48 hours prior to the patient being admitted for such care. Stipulates that if a provider fails to meet this requirement, then the provider shall not bill the plan for the patient's care in an amount that exceeds 200% of the Medicare rate for that care.

Proposed law stipulates that its provisions shall not apply to any rural hospital as defined in present law known as the Rural Hospital Preservation Act (R.S. 40:1189.1 et seq.).

(Adds R.S. 22:1875.1)