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## DIGEST

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HB 72 Original

2020 First Extraordinary Session

Crews

**Abstract:** Prohibits surprise billing by noncontracted, facility-based physicians.

Proposed law defines "surprise billing" as any bill received by an enrollee or insured for any services provided at a base healthcare facility that is contracted with the enrollee's or insured's health insurance issuer, but the facility-based physician providing those services is not contracted with the health insurance issuer and seeks to collect amounts in excess of the amounts authorized by proposed law.

Present law requires a health insurance issuer to provide a noncontracted, facility-based physician who renders healthcare services in a base healthcare facility to an enrollee or insured who files a claim with the health insurance issuer for the facility-based services with an explanation of benefits as to any payment determination.

Proposed law retains present law but makes technical changes.

Present law (R.S. 22:1875) shall not supersede the provisions of present law (R.S. 22:263(D)) authorizing a healthcare provider who does not contract with a health maintenance organization to pursue collection from the health maintenance organization for emergency services rendered if the healthcare provider has no direct knowledge or information that the patient is an enrollee of a health maintenance organization.

Proposed law repeals present law.

Proposed law provides for a facility-based physician at an in-network facility to contract with the same insurers as the facility, secure payment from the facility, or bill an insured's plan as described in proposed law.

Proposed law prohibits a facility-based physician from surprise billing, attempting to collect from, or collecting from an enrollee or insured an amount in excess of the amount paid by the issuer to contracted providers for the same or similar services at that facility.

Proposed law prohibits the facility-based physician from billing or collecting from an enrollee or insured amounts other than those representing coinsurance, copayments, deductibles, or other amounts identified by the health insurance issuer on an explanation of benefits as an amount for which the enrollee or insured is liable.

Proposed law authorizes a facility-based physician who is not contracted with the facility nor an

enrollee's plan to bill the plan in an amount not in excess of two hundred percent of the Medicare rate.

Proposed law defines "plan" as a "health benefit plan" provided for in present law (R.S. 22:1020.1).

Proposed law 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.).

Effective upon signature of governor or lapse of time for gubernatorial action.

(Amends R.S. 22:1875; Adds R.S. 22:1872(24))