

2016 Regular Session

HOUSE BILL NO. 412

BY REPRESENTATIVE THIBAUT

INSURANCE/HEALTH: Provides relative to reimbursement of noncontracted healthcare providers of emergency medical services

1 AN ACT

2 To enact R.S. 22:1882 and to repeal R.S. 22:1826, relative to noncontracted providers of
3 emergency medical services; to provide for definitions; to provide with respect to
4 reimbursement of such providers by health insurance issuers; to prohibit balance
5 billing; and to provide for related matters.

6 Be it enacted by the Legislature of Louisiana:

7 Section 1. R.S. 22:1882 is hereby enacted to read as follows:

8 §1882. Payment of claims for emergency medical services provided by
9 noncontracted healthcare providers

10 A. For purposes of this Section:

11 (1) "Emergency medical condition" means a medical condition of recent
12 onset and severity, including severe pain, that would lead a prudent layperson, acting
13 reasonably and possessing an average knowledge of health and medicine, to believe
14 that the absence of immediate medical attention could reasonably be expected to
15 result in:

16 (a) Placing the health of the individual, or with respect to a pregnant woman
17 the health of the woman or her unborn child, in serious jeopardy.

18 (b) Serious impairment to bodily function.

19 (c) Serious dysfunction of any bodily organ or part.

1 (2) "Emergency medical services" means those medical services necessary
2 to screen, evaluate, and stabilize an emergency medical condition.

3 B.(1) A health insurance issuer shall pay a claim by a healthcare provider
4 that does not contract with that health insurance issuer and that renders emergency
5 medical services, as defined in Paragraph (A)(2) of this Section, to a patient,
6 enrollee, or insured in an amount not less than the greatest of the following:

7 (a) The amount negotiated with contracted healthcare providers for
8 emergency medical services that are imposed with respect to the patient, enrollee,
9 or insured, excluding any applicable in-network coinsurance, in-network
10 copayments, deductibles, or noncovered services. If there is more than one amount
11 negotiated with contracted providers for emergency medical services, the amount
12 shall be the median of those amounts. If a health insurance issuer has more than one
13 negotiated amount for contracted healthcare providers for a particular emergency
14 medical service, the amount shall be the median of those amounts. In determining
15 the medians provided for in this Subparagraph, the amount negotiated with each
16 contracted provider shall be treated as a separate amount regardless if the same
17 amount is paid to more than one provider. For capitated or other health insurance
18 issuers that do not have a negotiated per service amount for contracted healthcare
19 providers, this Subparagraph shall not apply.

20 (b) The amount calculated for emergency medical services using the same
21 method that the health insurance issuer generally uses to determine payments for out-
22 of-network healthcare services, excluding any applicable in-network coinsurance,
23 in-network copayments, deductibles, or noncovered services. The amount in this
24 Subparagraph shall be determined without regard for out-of-network cost sharing
25 that generally applies under the policy or subscriber agreement with respect to
26 out-of-network services.

27 (c) The amount that would be paid under Medicare for the emergency
28 medical services, excluding any applicable in-network coinsurance, in-network
29 copayments, deductibles, or noncovered services.

1 (2) Payment of such claim by a health insurance issuer shall in no
2 circumstance be made directly to a patient, enrollee, or insured.

3 C. A patient, enrollee, or insured shall be indemnified and held harmless by
4 a health insurance issuer and a noncontracted healthcare provider for emergency
5 medical services, except for any applicable in-network coinsurance, in-network
6 copayments, deductibles, or noncovered services. A noncontracted healthcare
7 provider shall be prohibited from billing a patient, enrollee, or insured for
8 reimbursement for emergency medical services, except for any applicable in-network
9 coinsurance, in-network copayments, deductibles, or noncovered services.

10 D. The provisions of this Section shall not apply to excepted benefit health
11 plans, policies, or contracts.

12 Section 2. R.S. 22:1826 is hereby repealed in its entirety.

13 Section 3. This Act shall become effective upon signature by the governor or, if not
14 signed by the governor, upon expiration of the time for bills to become law without signature
15 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If
16 vetoed by the governor and subsequently approved by the legislature, this Act shall become
17 effective on the day following such approval.

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 412 Original

2016 Regular Session

Thibaut

Abstract: Provides with respect to reimbursement of noncontracted providers of emergency medical services, including prohibiting balance billing for such services.

Present law authorizes a healthcare provider that does not contract with a health insurance issuer to file a claim with a health insurance issuer for emergency services rendered. Requires the health insurance issuer to directly pay such a claim by a noncontracted provider in the amount as determined pursuant to the plan or policy provisions between the enrollee or insured and the health insurance issuer for such emergency services, less any amount representing copayments, deductibles, or noncovered services, or any other amounts identified by the health insurance issuer pursuant to the plan or policy as an amount for which the insured or enrollee is liable.

Proposed law deletes present law.

Proposed law provides with respect to reimbursement of noncontracted providers of emergency medical services as follows:

- (1) Defines the terms "emergency medical condition" and "emergency medical services".
- (2) Provides that if a healthcare provider that does not contract with a health insurance issuer files a claim with a health insurance issuer for emergency medical services rendered to an enrollee or insured, the health insurance issuer shall directly pay such claim by the noncontracted healthcare provider in an amount not less than the greatest of one of the following:
 - (a) The amount negotiated with contracted healthcare providers for emergency medical services that are imposed with respect to the enrollee or insured, excluding any applicable amounts identified by the health insurance issuer pursuant to plan or policy provisions as an amount for which the enrollee or insured is liable. Further provides that if there is more than one amount negotiated with contracted providers for emergency medical services, the amount shall be the median of those amounts. Also provides that if a health insurance issuer has more than one negotiated amount for contracted healthcare providers for a particular emergency medical service, the amount shall be the median of those amounts. Provides relative to determining such medians. Specifies that for capitated or other health insurance issuers that do not have a negotiated per service amount for contracted healthcare providers, these provisions shall not apply.
 - (b) The amount calculated for emergency medical services using the same method the health insurance issuer uses to determine payments for out-of-network healthcare services, but using the in-network cost sharing provisions instead of the out-of-network cost sharing provisions.
 - (c) The amount that would be paid under Medicare for the emergency medical services, excluding any applicable amounts for which the enrollee or insured is liable.

Present law prohibits payment of any claim by a health insurance issuer directly to a patient, enrollee, or insured.

Proposed law retains present law.

Proposed law additionally provides that an enrollee or insured shall be indemnified and held harmless by a health insurance issuer and a noncontracted healthcare provider for emergency medical services, except for any applicable amounts for which the enrollee or insured is liable. Prohibits a noncontracted healthcare provider from billing an enrollee or insured for reimbursement for emergency medical services, except for any applicable amounts for which the enrollee or insured is liable.

Present law exempts limited benefit health insurance policies or contracts from its provisions.

Proposed law retains this exemption.

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

(Adds R.S. 22:1882; Repeals R.S. 22:1826)