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## DIGEST

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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)