
DIGEST

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HB 594 Reengrossed

2021 Regular Session

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Abstract: Prohibits insurers, managed care companies, or other payors from setting caps on reimbursement for properly ordered non-invasive ventilation treatments.

Proposed law prohibits an insurer, managed care company, or other payor from setting a maximum dollar amount of reimbursement for non-invasive ventilators or ventilation treatments properly ordered and being used in an appropriate care setting.

Proposed law provides with respect to the Centers for Medicare and Medicaid Services' (CMS) classification of ventilators. Requires a durable medical equipment (DME) supplier to provide the patient regular and comprehensive service and preventative maintenance by a certified or registered respiratory therapist, including but not limited to masks, tubing, tracheotomy supplies, filters, and other supporting supplies and equipment. Further requires reimbursement to be at a rate negotiated with the payors to insure that a sustained level of service can be provided to the patient.

Proposed law requires an insurer, managed care company, subcontractor, third-party administrator, or other payor to reimburse DME suppliers for home use non-invasive and invasive ventilators on a continuous monthly payment basis for the duration of medical need throughout a patient's valid prescription period.

(Adds R.S. 22:1821(G))

Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Insurance to the original bill:

1. Add non-invasive ventilators for required reimbursement.
2. Provide that reimbursement to cover the actual cost of a non-invasive ventilator may be based on the reasonable and customary allowable amount for a standard ventilator. Provide that if the actual cost of a non-invasive ventilator has been paid, such reimbursement for the ventilator may be terminated.
3. Require reasonable reimbursement for medically necessary servicing of non-invasive ventilators and ventilation treatments provided by a respiratory therapist.

The House Floor Amendments to the engrossed bill:

1. Remove language providing that reimbursement to cover the actual cost of a non-invasive ventilator may be based on the reasonable and customary allowable amount for a standard ventilator. Remove language providing that if the actual cost of a non-invasive ventilator has been paid, reimbursement for the ventilator may be terminated.
2. Remove language requiring reasonable reimbursement for medically necessary servicing of non-invasive ventilators and ventilation treatments provided by a respiratory therapist.
3. Add language with respect to the Centers for Medicare and Medicaid Services' (CMS) classification of ventilators. Require a durable medical equipment (DME) supplier to provide the patient regular and comprehensive service and preventative maintenance by a certified or registered respiratory therapist, including masks, tubing, tracheotomy supplies, filters, and other supporting supplies and equipment. Require reimbursement to be at a rate negotiated with the payors to insure a sustained level of service to the patient.
4. Require an insurer, managed care company, subcontractor, third-party administrator, or other payor to reimburse DME suppliers for home use non-invasive and invasive ventilators on a continuous monthly payment basis for the duration of medical need throughout a patient's valid prescription period.