

2017 Regular Session

HOUSE BILL NO. 435

BY REPRESENTATIVE TALBOT

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

INSURANCE/HEALTH: Requires a healthcare facility to provide notice of balance billing

1 AN ACT

2 To amend and reenact R.S. 22:1880(C)(1) and (2) and to enact R.S. 22:1880(E), relative to  
3 balance billing disclosure; to require that a healthcare facility disclose to a patient  
4 out-of-network providers; to provide for notice to insureds of possible balance billing  
5 at first registration with a healthcare facility; to provide for penalties for failure to  
6 disclose; and to provide for related matters.

7 Be it enacted by the Legislature of Louisiana:

8 Section 1. R.S. 22:1880(C)(1) and (2) are hereby amended and reenacted and R.S.  
9 22:1880(E) is hereby enacted to read as follows:

10 §1880. Balance billing disclosure

11 \* \* \*

12 C. Facility disclosure requirements. Each ~~health-care~~ healthcare facility  
13 shall:

14 (1) Provide a written notice to an enrollee or insured at the first registration  
15 contact with the enrollee or insured at the ~~health-care~~ healthcare facility regarding  
16 nonemergency services. A copy of the written notice shall be signed by the enrollee  
17 or insured and be maintained by the healthcare facility. ~~disclosing~~ The written notice  
18 shall disclose the following items:

19 (a) Confirmation as to whether the facility is a participating provider  
20 contracted with the enrollee's or insured's health insurance issuer on the date services

1 are to be rendered, based on the information received from the enrollee or insured  
2 at the time the confirmation is provided.

3 (b) The following balance billing disclosure notice in minimum 12 point  
4 typeface:

5 "NOTICE

6 ~~HEALTH CARE SERVICES MAY BE PROVIDED TO YOU AT A NETWORK~~  
7 ~~HEALTH CARE FACILITY BY FACILITY-BASED PHYSICIANS WHO ARE~~  
8 ~~NOT IN YOUR HEALTH PLAN. YOU MAY BE RESPONSIBLE FOR~~  
9 ~~PAYMENT OF ALL OR PART OF THE FEES FOR THOSE OUT-OF-NETWORK~~  
10 ~~SERVICES, IN ADDITION TO APPLICABLE AMOUNTS DUE FOR~~  
11 ~~CO-PAYMENTS, COINSURANCE, DEDUCTIBLES, AND NON-COVERED~~  
12 ~~SERVICES. SPECIFIC INFORMATION ABOUT IN-NETWORK AND~~  
13 ~~OUT-OF-NETWORK FACILITY-BASED PHYSICIANS CAN BE FOUND AT~~  
14 ~~THE WEBSITE ADDRESS OF YOUR HEALTH PLAN OR BY CALLING THE~~  
15 ~~CUSTOMER SERVICE TELEPHONE NUMBER OF YOUR HEALTH PLAN".~~

16 Professional services rendered by independent healthcare professionals are not part  
17 of the hospital bill. These services will be billed to the patient separately. Please  
18 understand that physicians or other healthcare professionals may be called upon to  
19 provide care or services to you or on your behalf, but you may not actually see, or  
20 be examined by, all physicians or healthcare professionals participating in your care;  
21 for example, you may not see physicians providing radiology, pathology, and EKG  
22 interpretation. In many instances, there will be a separate charge for professional  
23 services rendered by physicians to you or on your behalf, and you will receive a bill  
24 for these professional services that is separate from the bill for hospital services.  
25 These independent healthcare professionals may not participate in your health plan  
26 and you may be responsible for payment of all or part of the fees for the services  
27 provided by these physicians who have provided out-of-network services, in addition  
28 to applicable amounts due for copayments, coinsurance, deductibles, and non-  
29 covered services.



notice that the patient may be responsible for all or part of the fees for out-of-network services. Proposed law rewrites the notice to clarify what balance billing is and that the patient will be responsible for charges by those out-of-network providers.

Proposed law requires that the patient sign a copy of the balance billing notice provided to him which the facility is responsible for maintaining in the patient's records on-site.

Present law requires that a healthcare facility provide a patient upon request with the name and contact information for providers who are contracted to provide services at the facility, and inform the patient that he may request information from his insurer as to whether those providers are in-network or out-of-network, and under what circumstances the patient may be responsible for payment of amounts not paid by the insurer. Proposed law requires the facility to provide this information to the patient.

Proposed law provides that proposed law will be enforced by the Department of Health and the commissioner of insurance.

(Amends R.S. 22:1880(C)(1) and (2); Adds R.S. 22:1880(E))

#### Summary of Amendments Adopted by House

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

1. Rewrite the balance billing notice to be given by a healthcare facility to an insured or enrollee at first registration of the insured or enrollee to clarify the likelihood of balance billing and encourage the insured or enrollee to contact his health plan provider for further information regarding which providers are in-network and which are out-of-network.
2. Require the insured or enrollee to sign a copy of the balance billing notice, which the healthcare facility is required to maintain.
3. Require the healthcare facility to provide the insured or enrollee with a list of names and contact information for each individual or group of hospital-contracted anesthesiologists, pathologists, radiologists, hospitalists, intensivists, and neonatologists who provide services at the facility and inform the insured or enrollee that he may request information from his insurer as to whether those providers are in-network or out-of-network and under what circumstances the insurer or enrollee may be responsible for payment of amounts not paid by the insurer.
4. Provide for enforcement by the Department of Health and commissioner of insurance.
5. Make technical changes.