
DIGEST

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HB 67 Original

2020 First Extraordinary Session

Crews

Abstract: Provides for transparency in health services pricing by in-network and out-of-network healthcare providers for emergency and nonemergency care.

Proposed law provides that, for its purposes, the term "health benefit plan" shall have the following definition provided in present law, R.S. 22:1020.1:

"Health benefit plan" means a policy, contract, certificate, or subscriber agreement entered into, offered, or issued by a health insurance issuer to provide, deliver, arrange for, pay for, or reimburse any of the costs of healthcare services.

Proposed law stipulates that if a healthcare provider practices at a healthcare facility that is within the network of a health benefit plan but is not enrolled as a provider in that plan, and the provider delivers emergency care at that facility, then the provider shall not bill the plan for the patient's care in an amount that exceeds 200% of the Medicare rate for that care.

Proposed law provides that with respect to any health benefit plan, a healthcare facility shall be deemed as "in-network" for that plan for purposes of nonemergency care only if the facility meets one or more of the following qualifications:

- (1) All healthcare providers who practice at the facility are partnered with the plan.
- (2) All out-of-network providers who deliver any services at the facility have agreed to provide to each patient a good-faith estimate of all anticipated charges for the patient's care during the scheduling of an appointment for that care or within 48 hours of the scheduling of the appointment.

Proposed law provides that with respect to emergency care delivered by an out-of-network healthcare provider at a healthcare facility, all of the following shall apply:

- (1) The provider shall make all prices for such care publicly available.
- (2) The provider shall not charge for such emergency care any price that is greater than the price that was publicly available forty-eight hours prior to the patient being admitted for that care.

Proposed law provides that if an out-of-network healthcare provider delivers emergency care at a healthcare facility and fails to meet the requirements of proposed law relative to price disclosure,

then the provider shall not bill the plan for the patient's care in an amount that exceeds 200% of the Medicare rate for that care.

Proposed law provides that with respect to nonemergency care delivered by an out-of-network healthcare provider at a healthcare facility, the provider shall agree to provide to each patient a good-faith estimate of all anticipated charges for the patient's care at least 48 hours prior to the patient being admitted for such care. Stipulates that if a provider fails to meet this requirement, then the provider shall not bill the plan for the patient's care in an amount that exceeds 200% of the Medicare rate for that care.

Proposed law stipulates that its provisions 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.).

(Adds R.S. 22:1875.1)