SLS 23RS-353 **REENGROSSED**

2023 Regular Session

SENATE BILL NO. 109

BY SENATOR TALBOT

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

INSURANCE POLICIES. Provides for balance billing by and reimbursement of covered health services provided by out-of-network emergency ambulance services. (8/1/23)

AN ACT

To enact R.S. 22:1880.2, relative to out-of-network emergency ambulance services providing covered healthcare services; to provide for definitions; to provide reimbursement for emergency ambulance providers by health insurance issuers; to provide for balance billing requirements for an out-of-network emergency ambulance providers; to provide for effectiveness; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1880.2 is hereby enacted to read as follows:

**§1880.2. Payment of claims for covered healthcare services provided by out-of-network care insurer of the enrollee receiving the covered healthcare services; definitions**

**A. As used in this Section, the following definitions apply unless the context indicates otherwise:**

**(1) "Ambulance provider" means an ambulance provider as defined in R.S. 40:1131. For purposes of this Section, "ambulance provider" shall not include an air ambulance provider.**

**(2) "Covered services" means those emergency ambulance services**

**which an enrollee is entitled to receive under the terms of a healthcare benefit plan.**

**(3) "Enrollee" means a person who is entitled to receive covered healthcare services under the terms of a healthcare benefit plan.**

**(4) "Healthcare benefit plan" means a plan, policy, contract, certificate, agreement, or other evidence of coverage for healthcare services offered, issued, renewed, or extended in this state by a healthcare insurer.**

**(5) "Healthcare insurer" means an entity that is subject to state insurance regulation and provides coverage for health benefits in this state and includes the following:**

**(a) An insurance company.**

**(b) A health maintenance organization.**

**(c) A hospital and medical service corporation.**

**(d) A risk-based provider organization.**

**(e) A sponsor of self-funded governmental plan.**

**(f) "Out-of-network" means a provider that does not contract with the healthcare insurer of the enrollee receiving the covered healthcare services.**

**(6) "Clean claim" means a claim that has no defect of impropriety, including any lack of required substantiating documentation or particular circumstances requiring special treatment that prevents timely payment from being made on the claim.**

**B. The minimum allowable reimbursement rate under any healthcare benefit plan issued by any healthcare insurer to an out-of-network ambulance provider for providing emergency services shall be one of the following items:**

**(1) At the rates set or approved, whether in contract or ordinance, by a local governmental entity in the jurisdiction in which the covered healthcare services originate, or as provided for in R.S. 33:4791.**

**(2) In the absence of rates as provided in Paragraph (1) of this Subsection, the minimum allowable rate of reimbursement under any health**

**benefit plan issued by any healthcare insurer shall be three hundred twenty-five percent of the current published rate for ambulance services as established by the Centers for Medicare and Medicaid Services under Title XVIII of the Social Security Act for the same service provided in the same geographic area; or the ambulance provider's billed charges, whichever is less.**

**C. Payment made in compliance with this Section shall be considered payment in full for the covered services provided, except for any copayment, coinsurance, deductible and other cost-sharing feature amounts required to be paid by the enrollee. An ambulance provider is prohibited from billing the enrollee for any additional amounts for paid covered services.**

**D. All copayment, coinsurance, deductible and other cost-sharing feature amounts provided by Subsection B of this Section shall not exceed the in network copayment, coinsurance, deductible and other cost-sharing features for the covered healthcare services received by the enrollee.**

**E. A healthcare insurer shall, within thirty days after receipt of a clean claim for covered services, promptly remit payment for ambulance services directly to the ambulance provider and shall not send payment to an enrollee.**

**F. If the claim is not a clean claim, the healthcare insurer shall, within thirty days after receipt of the claim, send a written notice acknowledging the date of the receipt of the claim and shall provide one of the following items:**

**(1) That the insurer is declining to pay all or part of the claim and the specific reason or reasons for the denial.**

**(2) That additional information is necessary to determine if all or part of the claim is payable and the specific additional information that is required.**

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The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Beth O'Quin.

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DIGEST

SB 109 Reengrossed 2023 Regular Session Talbot

Proposed law provides definitions for ambulance provider, clean claim, covered services, enrollee, healthcare benefit plan, healthcare insurer, and out-of-network.

Proposed law requires the minimum allowable reimbursement rate under any healthcare benefit plan issued by a healthcare insurer to an out-of-network ambulance provider is one of the following:

(1) At the rates set or approved, whether in contract or ordinance, by a local governmental entity in the jurisdiction in which the covered healthcare services originate, or as provided by law.

(2) Requires if no rates have been set or approved, the minimum allowable rate of reimbursement under any health benefit plan issued by any healthcare insurer is 325% of the current published rate for ambulance services as established by the Centers for Medicare and Medicaid Services for the same service provided in the same geographic area or the ambulance provider's billed charges, whichever is less.

Effective August 1, 2023.

(Adds R.S. 22:1880.2)

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Insurance to the original bill

1. Provides an air ambulance is not included as an ambulance service provider.

2. Provides definitions for a "clean claim" and "covered services".

3. Makes technical changes.

Senate Floor Amendments to engrossed bill

1. Changes the definition name from "ambulance service provider" to "ambulance provider".

2. Makes technical changes.