
HOUSE COMMITTEE AMENDMENTS

2017 Regular Session

Amendments proposed by House Committee on Insurance to Original House Bill No. 435
by Representative Talbot

1 AMENDMENT NO. 1

2 On page 1, at the beginning of line 2, delete "To enact R.S. 22:1880(E)," and insert "To
3 amend and reenact R.S. 22:1880(C)(1) and (2) and to enact R.S. 22:1880(E),"

4 AMENDMENT NO. 2

5 On page 1, line 3, after "providers" delete the remainder of the line and insert a semi-colon
6 ";

7 AMENDMENT NO. 3

8 On page 1, delete line 4 in its entirety and insert in lieu thereof "to provide for notice to
9 insureds of possible balance billing at first registration with a healthcare facility; to"

10 AMENDMENT NO. 4

11 On page 1, delete line 7 and insert in lieu thereof "Section 1. R.S. 22:1880(C)(1) and (2) are
12 hereby amended and reenacted and R.S. 22:1880(E) is hereby enacted to read as follows:"

13 AMENDMENT NO. 5

14 On page 1, delete lines 10 through 18 in their entirety, and insert in lieu thereof the
15 following:

16 "C. Facility disclosure requirements. Each ~~health care~~ healthcare facility
17 shall:

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

23 (a) Confirmation as to whether the facility is a participating provider
24 contracted with the enrollee's or insured's health insurance issuer on the date
25 services are to be rendered, based on the information received from the
26 enrollee or insured at the time the confirmation is provided.

27 (b) The following balance billing disclosure notice in minimum 12
28 point typeface:

29 "NOTICE

30 ~~HEALTH CARE SERVICES MAY BE PROVIDED TO YOU AT A~~
31 ~~NETWORK HEALTH CARE FACILITY BY FACILITY-BASED~~
32 ~~PHYSICIANS WHO ARE NOT IN YOUR HEALTH PLAN. YOU MAY~~
33 ~~BE RESPONSIBLE FOR PAYMENT OF ALL OR PART OF THE FEES~~
34 ~~FOR THOSE OUT-OF-NETWORK SERVICES, IN ADDITION TO~~
35 ~~APPLICABLE AMOUNTS DUE FOR CO-PAYMENTS, COINSURANCE,~~
36 ~~DEDUCTIBLES, AND NON-COVERED SERVICES. SPECIFIC~~
37 ~~INFORMATION ABOUT IN-NETWORK AND OUT-OF-NETWORK~~
38 ~~FACILITY-BASED PHYSICIANS CAN BE FOUND AT THE WEBSITE~~
39 ~~ADDRESS OF YOUR HEALTH PLAN OR BY CALLING THE~~
40 ~~CUSTOMER SERVICE TELEPHONE NUMBER OF YOUR HEALTH~~
41 ~~PLAN".~~ Professional services rendered by independent healthcare
42 professionals are not part of the hospital bill. These services will be billed

1 to the patient separately. Please understand that physicians or other
 2 healthcare professionals may be called upon to provide care or services to
 3 you or on your behalf, but you may not actually see, or be examined by, all
 4 physicians or healthcare professionals participating in your care; for
 5 example, you may not see physicians providing radiology, pathology, and
 6 EKG interpretation. In many instances, there will be a separate charge for
 7 professional services rendered by physicians to you or on your behalf, and
 8 you will receive a bill for these professional services that is separate from the
 9 bill for hospital services. These independent healthcare professionals may
 10 not participate in your health plan and you may be responsible for payment
 11 of all or part of the fees for the services provided by these physicians who
 12 have provided out-of-network services, in addition to applicable amounts due
 13 for copayments, coinsurance, deductibles, and non-covered services.

14 We encourage you to contact your health plan to determine whether
 15 the independent healthcare professionals are participating with your health
 16 plan. In order to obtain the most accurate and up-to-date information about
 17 in-network and out-of-network independent healthcare professionals, please
 18 contact the customer service number of your health plan or visit its website.
 19 Your health plan is the sole source of information on their provider network
 20 and benefits. To help you determine whether the independent healthcare
 21 professionals who provide services at this facility are participating with your
 22 health plan, this healthcare facility has provided you with a complete list of
 23 the names and contact information for each individual or group."

24 (2) Provide a list ~~upon request from an~~ to the enrollee or insured that
 25 contains the name and contact information for each individual or group of
 26 hospital-contracted anesthesiologists, pathologists, radiologists, hospitalists,
 27 intensivists, and neonatologists who provide services at that facility and
 28 inform the enrollee or insured that the enrollee or insured may request
 29 information from their health insurance issuer as to whether those physicians
 30 are contracted with the health insurance issuer and under what circumstances
 31 the enrollee or insured may be responsible for payment of any amounts not
 32 paid by the health insurance issuer.

33 * * *

34 AMENDMENT NO. 6

35 On page 2, delete lines 1 through 28 in their entirety

36 AMENDMENT NO. 7

37 On page 3, delete lines 1 through 6 in their entirety

38 AMENDMENT NO. 8

39 On page 3, at the beginning of line 7, change "(2)" to "E.(1)"

40 AMENDMENT NO. 9

41 On page 3, at the beginning of line 12, change "(3)(a)" to "(2)(a)"