

RÉSUMÉ DIGEST

ACT 306 (HB 435)

2017 Regular Session

Talbot

Existing law requires that a healthcare facility provide a written notice to a patient regarding the possible provision of services to a patient by facility-based providers who are out-of-network providers. Existing law further requires that the patient be informed in the written notice that the patient may be responsible for all or part of the fees for out-of-network services. New 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.

New 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.

Existing 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. New law requires the facility to provide this information to the patient without the patient having to request it.

New law requires that a healthcare facility provide notice when a patient is receiving services in a hospital-based outpatient facility that the patient may be charged a facility fee billed separately from the healthcare provider's fee, and that this facility fee may not be covered by the patient's health insurance.

New law provides that new law will be enforced by the Department of Health and the commissioner of insurance.

Effective August 1, 2017.

(Amends R.S. 22:1880(C)(1) and (2); Adds R.S. 22:1880(C)(4) and (E))