

2018 Regular Session

HOUSE RESOLUTION NO. 208

BY REPRESENTATIVE TALBOT

INSURANCE/HEALTH: Requests the Department of Insurance to establish a task force to make recommendations for proposed legislation to address the issue of balance billing in Louisiana

1 A RESOLUTION

2 To urge and request the Department of Insurance to establish the Balance Billing Policy  
3 Assessment Task Force to research and make recommendations for proposed  
4 legislation and policy changes to address the issue of balance billing in Louisiana.

5 WHEREAS, consumers continue to struggle with healthcare costs which are greatly  
6 exacerbated by surprise gaps in their insurance coverage; and

7 WHEREAS, balance billing occurs when a physician or other healthcare provider  
8 who does not participate in a health benefit plan's network of providers bills a patient for the  
9 difference between the provider's billed charge and any amount paid to the provider; and

10 WHEREAS, the practice of balance billing arises with out-of-network providers  
11 because in-network providers generally are bound by network agreements that require the  
12 participating provider to accept the payment under the health benefit plan, in addition to any  
13 required cost-sharing payment, as full payment for the covered patient's obligations; and

14 WHEREAS, hospitals do not generally require all healthcare providers who work at  
15 the hospital to be participating providers in the same health benefit plans as the hospital; and

16 WHEREAS, providers of certain medical specialties, including emergency care and  
17 anesthesiology, often work in a hospital as independent contractors rather than as the  
18 hospital's employees; and

1           WHEREAS, studies published in Health Affairs and the New England Journal of  
2   Medicine have found that twenty percent of emergency department visits and resulting  
3   admissions at in-network facilities involved an out-of-network physician and that twenty-one  
4   percent of insured nonelderly adults have received care at a hospital they thought was  
5   in-network yet were billed by an out-of-network physician; and

6           WHEREAS, according to a 2016 Kaiser Family Foundation study, seventy percent  
7   of consumers with unaffordable out-of-network medical bills did not know their provider  
8   was out-of-network at the time they received care; and

9           WHEREAS, even when patients make every effort to see healthcare providers in  
10   their insurance network, situations may arise where they are treated by out-of-network  
11   providers without their knowledge and consent; and

12           WHEREAS, because out-of-network providers may charge higher rates but are not  
13   required to disclose this information, patients can find themselves recovering from a serious  
14   disease or illness and dealing with higher than anticipated out-of-pocket medical costs as a  
15   result; and

16           WHEREAS, these medical costs can result in aggressive collection activity targeted  
17   at patients and their families and harm consumers by damaging their personal credit ratings  
18   for years after treatment; and

19           WHEREAS, several states have passed laws to protect healthcare consumers from  
20   surprise insurance gaps; and

21           WHEREAS, these state laws provide protection for patients when they receive a  
22   balance bill due to a surprise insurance gap; and

23           WHEREAS, there is insufficient protection in Louisiana law from surprise insurance  
24   gaps relative to other states, and it would be beneficial to conduct a study into how these  
25   laws are working in other states and how these laws may be beneficial to Louisiana  
26   residents.

27           THEREFORE, BE IT RESOLVED that the House of Representatives of the  
28   Legislature of Louisiana does hereby urge and request the Department of Insurance to  
29   establish the Balance Billing Policy Assessment Task Force, hereafter referred to as the "task

1 force", to research and make recommendations for proposed legislation and policy changes  
2 to address the issue of balance billing in Louisiana.

3 BE IT FURTHER RESOLVED that the task force shall be composed of  
4 representatives from any relevant and interested parties including but not limited to the  
5 following:

6 (1) State agencies.

7 (2) State medical and behavioral health services provider associations.

8 (3) Insurance companies, including health maintenance organizations, issuing health  
9 benefit plans in this state.

10 (4) Consumer advocate groups.

11 BE IT FURTHER RESOLVED that the purpose of the task force is to make a  
12 thorough study of all the issues related to balance billing, including but not limited to  
13 identifying causes for balance billing and the need for direct payment by health insurance  
14 companies and health maintenance organizations to out-of-network providers, and to  
15 evaluate the approaches taken by other states in order to recommend a comprehensive  
16 legislative solution that will best protect Louisiana consumers from balance billing by  
17 healthcare providers.

18 BE IT FURTHER RESOLVED that the task force shall do all of the following:

19 (1) Study the issues related to balance billing that must be addressed and other states'  
20 solutions to balance billing and the related issues.

21 (2) Assess the potential fiscal impact to this state of applying the various potential  
22 approaches used in other states.

23 (3) Assess the impact to commerce, including cost to consumers through balance  
24 billing and health insurance premiums, compliance cost for healthcare providers, and  
25 compliance cost for health insurers.

26 (4) Seek additional input from stakeholders in the healthcare system.

27 (5) Identify preferable legislative solutions for this state that best address the  
28 problem without a fiscal impact to this state.

29 BE IT FURTHER RESOLVED that the task force is assigned to the Department of  
30 Insurance, with staff support to be provided from existing personnel within the department.

1 BE IT FURTHER RESOLVED that the commissioner of insurance or his designee  
2 shall serve as chairman of the task force.

3 BE IT FURTHER RESOLVED that, at the first meeting of the task force, the  
4 members shall elect a vice chairman and other officers as the members deem appropriate.

5 BE IT FURTHER RESOLVED that members of the task force shall receive no  
6 compensation for their services and shall serve at no expense to the state.

7 BE IT FURTHER RESOLVED that the task force may conduct meetings at such  
8 places and at such times necessary or convenient to enable it to exercise fully and effectively  
9 its powers, perform its duties, and accomplish the objectives and purposes of this Resolution.

10 BE IT FURTHER RESOLVED that the task force shall submit a report of its  
11 findings and recommendations including proposed legislation to the House and Senate  
12 committees on insurance no later than sixty days prior to the convening of the 2019 Regular  
13 Legislative Session.

14 BE IT FURTHER RESOLVED that the legislative authority for the task force shall  
15 terminate on December 31, 2019.

16 BE IT FURTHER RESOLVED that the commissioner of insurance or his designee  
17 shall convene the task force for its first meeting no later than October 1, 2018.

18 BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the  
19 commissioner of insurance.

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#### DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

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