

RÉSUMÉ DIGEST

ACT 288 (HB 824)

2018 Regular Session

Talbot

Existing law requires a healthcare facility to provide a written notice to patients regarding the possibility of services being rendered by facility-based providers who are out-of-network providers. Existing law further requires that patients be informed in the written notice that they may be responsible for all or part of the fees for out-of-network services.

Prior law required the healthcare facility to provide the written notice at the first registration contact with a patient regarding nonemergency services.

New law requires the healthcare facility to provide the notice at the same time the facility provides the federally required notice of privacy practices for protected health information to a patient for whom the healthcare facility has knowledge that a contract with a health insurance issuer is effective or upon the request of the patient.

Prior law required a facility that met the definition of a provider-based entity, as defined in federal regulation, and was located off of the main hospital campus to publicly post a notice to every patient disclosing the following:

- (1) That the enrollee or insured is receiving services in a hospital-based outpatient facility where the facility provides the use of the facility, medical, or technical equipment, supplies, staff, and services.
- (2) That depending on the enrollee's or insured's health insurance benefit plan and the actual services furnished by the facility, the patient may receive a facility charge billed separately from the physician that covers the fees for the use of the facility, medical, or technical equipment, supplies, staff, and services.

New law retains prior law but relocates prior law to a new statutory cite.

Effective upon signature of governor (May 18, 2018).

(Amends R.S. 22:1880(C)(intro. para.) and (1)(intro. para.); Adds R.S. 22:1880.1; Repeals R.S. 22:1880(C)(4))