

## RÉSUMÉ DIGEST

**ACT 379 (HB 594)**

**2021 Regular Session**

**Dustin Miller**

New law prohibits an insurer, managed care company, or other payor from setting a maximum dollar amount of reimbursement for non-invasive ventilators or ventilation treatments properly ordered and being used in an appropriate care setting.

New law provides with respect to the Centers for Medicare and Medicaid Services' (CMS) classification of ventilators. Requires a durable medical equipment (DME) supplier to provide a patient with regular and comprehensive service and preventative maintenance by a certified or registered respiratory therapist, including but not limited to masks, tubing, tracheotomy supplies, filters, and other supporting supplies and equipment. Further requires reimbursement to be at a rate negotiated with the payors to insure that a sustained level of service can be provided to the patient.

New law requires an insurer, managed care company, subcontractor, third-party administrator, or other payor to reimburse DME suppliers for home use non-invasive and invasive ventilators on a continuous monthly payment basis for the duration of medical need throughout a patient's valid prescription period.

Effective August, 1, 2021.

(Adds R.S. 22:1821(G))