

HB391 INTRODUCED



1 HB391
2 VGKHLPL-1
3 By Representative Robbins
4 RFD: Insurance
5 First Read: 02-Apr-24



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SYNOPSIS:

Under existing law, medical care for an employee who is injured on the job is paid for by the employer's workers' compensation insurance when the medical care is certified as medically necessary and is provided by health care facilities and professionals authorized by the employer.

This bill would provide that if an injured employee is covered by a health insurance policy, a health care provider authorized by the employer may bill the health insurance for the certified medical care and if the health insurance covers the claim, the employer's workers' compensation insurance will reimburse the health insurer.

This bill would further specify the rights or obligations that would not be imposed on employers, employees, and health insurers as a result of this practice.

A BILL
TO BE ENTITLED
AN ACT

Relating to workers' compensation; to permit health



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29 care institutions, facilities, and professionals who are
30 authorized to provide medical care under an employer's
31 workers' compensation fund to bill an injured employee's
32 health insurance for payment; to provide for employer
33 reimbursement of health insurance plans that cover the medical
34 care for injured employees; and to limit the rights and
35 obligations of the parties under these provisions.

36 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

37 Section 1. (a) For purposes of this section, the
38 following terms have the following meanings:

39 (1) CERTIFIED MEDICAL CARE. Any medical care that is
40 certified as medically necessary by an employer or a qualified
41 utilization review entity to be rendered by a provider to an
42 employee.

43 (2) DEPARTMENT OF LABOR. The Department of Labor of the
44 State of Alabama.

45 (3) EMPLOYEE. The term as defined in Section 25-5-1,
46 Code of Alabama 1975.

47 (4) EMPLOYER. Depending upon the context, either of
48 the following:

49 a. An employer as defined in Section 25-5-1, Code of
50 Alabama 1975.

51 b. Workers' compensation insurance maintained by the
52 employer, including a commercial insurance policy, commercial
53 assigned risk pool, group self-insurance, or self-insurance
54 maintained by an employer which has been approved by the
55 Department of Labor.

56 (5) HEALTH INSURANCE PLAN. Any group or individual



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57 plan, policy, or contract that provides, delivers, arranges,
58 pays, or reimburses for medical care, and is issued or
59 administered by an entity, including a health care services
60 plan incorporated under Chapter 20 of Title 10A, Code of
61 Alabama 1975, a health maintenance organization established
62 under Chapter 21A of Title 27, Code of Alabama 1975, or a
63 government payor, including Medicaid and Medicare. The term
64 includes an employer that self-insures to pay or reimburse for
65 medical care and treatment provided to employees.

66 (6) INJURY. The term as defined in Section 25-5-1, Code
67 of Alabama 1975.

68 (7) MEDICAL CARE. Treatment rendered by a provider to
69 an employee during an emergency, appointment, outpatient
70 visit, in-home visit, or inpatient stay, including surgery,
71 procedures, therapies, and rehabilitative or convalescent
72 care, all of which have the purpose of diagnosing, managing,
73 alleviating, or healing an injury. The term includes any
74 related drugs, supplies, or equipment used in the treatment.

75 (8) PROVIDER. Any hospital, emergency center,
76 ambulatory surgical center, outpatient rehabilitation center,
77 diagnostic facility, clinic, home health agency, physician,
78 pharmacist, dentist, chiropractor, psychologist, podiatrist,
79 therapist, pharmaceutical supply company, rehabilitation
80 service, or other person that provides medical care.

81 (b) Any provider that is authorized by an employer to
82 render certified medical care to an employee who is authorized
83 to be compensated for an injury may first submit a claim for
84 payment to a health insurance plan under which the employee is



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85 covered, if applicable, and if the health insurance plan
86 approves the claim, the employer shall reimburse both of the
87 following:

88 (1) All amounts paid by the health insurance plan on
89 the claim to the health insurance plan or the employee as may
90 be applicable.

91 (2) All amounts to the employee for any out-of-pocket
92 payments made by the employee under the terms of the health
93 insurance plan, including deductibles, copayments, or
94 coinsurance.

95 (c) If a health insurance plan refuses to pay a claim
96 in whole or in part which is submitted by a provider for
97 certified medical care, the employer shall pay the provider
98 the amount for the certified medical care that would be due
99 pursuant to its obligation under Chapter 5 of Title 25, Code
100 of Alabama 1975.

101 (d) Nothing in this section may be construed to create
102 any of the following:

103 (1) Any right of an employer to bring a civil action
104 against a health insurance plan for enforcement of a claim for
105 coverage for certified medical care rendered to an employee.

106 (2) Any right of the employer to be subrogated to the
107 employee's contractual rights under the health insurance plan
108 for enforcement of a claim for coverage for medical care,
109 including the right to pursue administrative review or appeal
110 under the terms of the health insurance plan, or to bring a
111 civil action against the health care plan.

112 (3) Any right of an employee to use a provider who is a



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113 member of the employee's health insurance plan network instead
114 of the provider authorized by the employer.

115 (4) Any duty or obligation on the part of a health
116 insurance plan to pay a claim submitted by a provider for an
117 employee's certified medical care if payment is prohibited by
118 any of the following:

119 a. A contractual term in the health insurance plan
120 other than those terms that exclude certain categories or
121 items of medical care from coverage.

122 b. Any law, regulation, or rule governing the health
123 insurance plan.

124 (5) Any new or additional duty or obligation on the
125 part of a health insurance plan to adjust or revise its claims
126 processing and payment procedures to comply with the rules of
127 the Department of Labor.

128 Section 2. This act shall become effective on October
129 1, 2024.