

2020 First Extraordinary Session

HOUSE BILL NO. 72

BY REPRESENTATIVE CREWS

INSURANCE/HEALTH: Provides relative to billing by noncontracted facility-based physicians (Item #37)

1 AN ACT

2 To amend and reenact R.S. 22:1875 and to enact R.S. 22:1872(24), relative to billing by  
3 noncontracted facility-based physicians; to define surprise billing; to prohibit  
4 surprise billing; to provide for billing by noncontracted facility-based providers; to  
5 provide for applicability; to provide for exceptions; to provide for an effective date;  
6 and to provide for related matters.

7 Be it enacted by the Legislature of Louisiana:

8 Section 1. R.S. 22:1875 is hereby amended and reenacted and R.S. 22:1872(24) is  
9 hereby enacted to read as follows:

10 §1872. Definitions

11 As used in this Subpart:

12 \* \* \*

13 (24) "Surprise billing" means any bill received by an enrollee or insured for  
14 any services provided at a base healthcare facility that is contracted with the  
15 enrollee's or insured's health insurance issuer, but the facility-based physician  
16 providing those services is not contracted with the health insurance issuer and seeks  
17 to collect amounts in excess of the amounts authorized by R.S. 22:1875.

18 \* \* \*

1 §1875. Billing by noncontracted facility-based physicians providing services in a  
2 base ~~health care~~ healthcare facility; exception

3 A. If a facility-based physician who is a noncontracted ~~health care~~ healthcare  
4 provider provides ~~health care~~ healthcare services in a base ~~health care~~ healthcare  
5 facility to an enrollee or insured and files a claim with a health insurance issuer for  
6 ~~such the~~ the facility-based services, the health insurance issuer shall provide the facility-  
7 based physician with an explanation of benefits as to any payment determination  
8 thereof. ~~Nothing contained in this Subpart shall supercede the provisions of R.S.~~  
9 ~~22:263(D).~~

10 B. For purposes of this Section, a facility-based physician at an in-network  
11 facility may do any of the following:

12 (1) Contract with the same insurers as the facility.

13 (2) Secure payment from the facility.

14 (3) Bill a plan pursuant to Subsection D of this Section.

15 C.(1) The facility-based physician shall be prohibited from surprise billing,  
16 attempting to collect from, or collecting from an enrollee or insured an amount in  
17 excess of the amount paid by the health insurance issuer to contracted providers for  
18 the same or similar services at that facility.

19 (2) The facility-based physician shall not bill, attempt to collect from, or  
20 collect from an enrollee or insured amounts other than those representing  
21 coinsurance, copayments, deductibles, or other amounts identified by the health  
22 insurance issuer on an explanation of benefits as an amount for which the enrollee  
23 or insured is liable.

24 D.(1) A facility-based physician who is not contracted with the facility nor  
25 an enrollee's plan may bill the plan in an amount not in excess of two hundred  
26 percent of the Medicare rate.

27 (2) For purposes of this Section, "plan" has the meaning of "health benefit  
28 plan" as defined in R.S. 22:1020.1.

1           E. This Section shall not apply to any rural hospital as defined in R.S.  
 2           40:1189.3.  
 3           Section 2. This Act shall become effective upon signature by the governor or, if not  
 4 signed by the governor, upon expiration of the time for bills to become law without signature  
 5 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If  
 6 vetoed by the governor and subsequently approved by the legislature, this Act shall become  
 7 effective on the day following such approval.

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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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HB 72 Original

2020 First Extraordinary Session

Crews

**Abstract:** Prohibits surprise billing by noncontracted, facility-based physicians.

Proposed law defines "surprise billing" as any bill received by an enrollee or insured for any services provided at a base healthcare facility that is contracted with the enrollee's or insured's health insurance issuer, but the facility-based physician providing those services is not contracted with the health insurance issuer and seeks to collect amounts in excess of the amounts authorized by proposed law.

Present law requires a health insurance issuer to provide a noncontracted, facility-based physician who renders healthcare services in a base healthcare facility to an enrollee or insured who files a claim with the health insurance issuer for the facility-based services with an explanation of benefits as to any payment determination.

Proposed law retains present law but makes technical changes.

Present law (R.S. 22:1875) shall not supersede the provisions of present law (R.S. 22:263(D)) authorizing a healthcare provider who does not contract with a health maintenance organization to pursue collection from the health maintenance organization for emergency services rendered if the healthcare provider has no direct knowledge or information that the patient is an enrollee of a health maintenance organization.

Proposed law repeals present law.

Proposed law provides for a facility-based physician at an in-network facility to contract with the same insurers as the facility, secure payment from the facility, or bill an insured's plan as described in proposed law.

Proposed law prohibits a facility-based physician from surprise billing, attempting to collect from, or collecting from an enrollee or insured an amount in excess of the amount paid by the issuer to contracted providers for the same or similar services at that facility.

Proposed law prohibits the facility-based physician from billing or collecting from an enrollee or insured amounts other than those representing coinsurance, copayments, deductibles, or other amounts identified by the health insurance issuer on an explanation of benefits as an amount for which the enrollee or insured is liable.

Proposed law authorizes a facility-based physician who is not contracted with the facility nor an enrollee's plan to bill the plan in an amount not in excess of two hundred percent of the Medicare rate.

Proposed law defines "plan" as a "health benefit plan" provided for in present law (R.S. 22:1020.1).

Proposed law shall not apply to any rural hospital as defined in present law known as the Rural Hospital Preservation Act (R.S. 40:1189.1 et seq.).

Effective upon signature of governor or lapse of time for gubernatorial action.

(Amends R.S. 22:1875; Adds R.S. 22:1872(24))