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The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Cheryl Horne.

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## DIGEST

Present law authorizes a health care provider that does not contract with a health insurance issuer to file a claim with a health insurance issuer for emergency services rendered. Requires the health insurance issuer to directly pay such a claim by a noncontracted provider in the amount as determined pursuant to the plan or policy provisions between the enrollee or insured and the health insurance issuer for such emergency services, less any amount representing copayments, deductibles, or noncovered services, or any other amounts identified by the health insurance issuer pursuant to the plan or policy as an amount for which the insured or enrollee is liable.

Proposed law deletes present law.

Proposed law provides with respect to reimbursement of noncontracted providers of emergency services as follows:

- (1) Defines the terms "emergency medical condition" and "emergency medical services".
- (2) Provides that if a health care provider that does not contract with a health insurance issuer files a claim with a health insurance issuer for emergency medical services rendered to an enrollee or insured, the health insurance issuer shall directly pay such claim by the noncontracted health care provider and shall reimburse the noncontracted health care provider in an amount not less than the greatest of one of the following:
  - (a) The amount negotiated with contracted health care providers for emergency medical services that are imposed with respect to the enrollee or insured, excluding any applicable amounts identified by the health insurance issuer pursuant to plan or policy provisions as an amount for which the enrollee or insured is liable.
  - (b) The amount of the emergency medical service calculated using the same method the health insurance issuer uses to determine payments for out-of-network health care services, but using the in-network cost-sharing provisions instead of the out-of-network cost-sharing provisions.
  - (c) The amount that would be paid under Medicare for the emergency medical services, excluding any applicable amounts for which the enrollee or insured is liable.
- (3) Further provides that for capitated or other health insurance issuers that do not have a negotiated per-service amount for contracted health care providers, (2)(a) above shall not

apply. Further provides that if a health insurance issuer has more than one negotiated amount for contracted health care providers for a particular emergency medical service, the amount in (2)(a) above shall be the median of these negotiated amounts.

Present law prohibits payment of any claim by a health insurance issuer directly to a patient, enrollee, or insured.

Proposed law retains present law.

Proposed law additionally provides that in the case where a noncontracted health care provider fails to file a claim with a health insurance issuer for emergency medical services rendered to an enrollee or insured, the enrollee or insured shall be indemnified and held harmless by the health insurance issuer for such claim. Makes the health insurance issuer liable for reimbursement to the noncontracted health care provider for the emergency medical services, except for any applicable amounts which the enrollee or insured is liable. Prohibits a noncontracted health care provider from billing an enrollee or insured for reimbursement for emergency medical services, except for any applicable amounts for which the enrollee or insured is liable.

Proposed law also provides that if the attempts between the health insurance issuer and the noncontracted health care provider to negotiate or pay the noncontracted health care provider for emergency medical services rendered to an enrollee or insured do not result in resolution of the payment dispute within 30 days after receipt of a written explanation of benefits by the health insurance issuer, then the health insurance issuer or the noncontracted health care provider may initiate binding arbitration to determine payment of the subject emergency medical services. Requires the party initiating arbitration to notify the other party that arbitration has been initiated and state its final offer before arbitration occurs. In response to this notice, requires the party not initiating arbitration to inform the party not initiating arbitration of its final offer before arbitration occurs.

Present law exempts limited benefit health insurance policies or contracts from its provisions.

Proposed law retains this exemption.

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

(Adds R.S. 22:1882; repeals R.S. 22:1826)