

## State Corporation Commission 2019 Fiscal Impact Statement

**1. Bill Number:** HB2544

**House of Origin**    ☒ Introduced    ☐ Substitute    ☐ Engrossed  
**Second House**    ☐ In Committee    ☐ Substitute    ☐ Enrolled

**2. Patron:** Byron

**3. Committee:** Committee on Commerce and Labor

**4. Title:** Balance billing for emergency services.

**5. Summary:** Establishes that an individual shall not be required to pay to an out-of-network provider for emergency services any amount in excess of the amount the health carrier is required to pay for covered services except applicable deductibles, copayment, coinsurance, or other cost-sharing amounts deemed by the health carrier to be non-covered services. The measure also replaces one of the three tests for determining the benefit the carrier is required to provide to an out-of-network provider of emergency services. The new test is the average of the contracted commercial rates paid by the health carrier for the same emergency service in the geographic region, which test replaces the amount negotiated with in-network providers for the emergency service, or if more than one amount is negotiated, the median of these amounts. The measure also authorizes an out-of-network provider to request the Bureau of Insurance to determine whether the benefits that the health carrier has determined satisfies its obligation to provide benefits for emergency services provided satisfy that obligation.

**6. Budget amendment necessary:** No

**7. Fiscal Impact Estimates:** No Fiscal Impact on the State Corporation Commission

**8. Fiscal Implications:** None on the State Corporation Commission

**9. Specific agency or political subdivisions affected:** State Corporation Commission Bureau of Insurance

**10. Technical amendment necessary:** See Item 11.

**11. Other comments:** The State Corporation Commission Bureau of Insurance was not able to determine the meaning of the sentence which begins on Line 26. The Bureau, therefore, recommends that the sentence beginning on Line 26 be stricken and the following sentence be inserted:

“An individual shall not be required to pay *(i)* the excess of the amount the out-of-network provider charges over the amount the health carrier is required to pay under this section for covered services except applicable deductibles, copayment, coinsurance, or *(ii)* costs deemed by the health carrier to be costs for non-covered services.”

The suggestion is provided because federal minimum payment standards must apply unless state law prohibits balance billing. The Bureau of Insurance believes that the recommended language above would achieve that purpose.

**Date:** 01/17/19/V. Tompkins