

Department of Planning and Budget

2018 Fiscal Impact Statement

1. Bill Number: HB 778PER

House of Origin	<input type="checkbox"/> Introduced	<input type="checkbox"/> Substitute	<input type="checkbox"/> Engrossed
Second House	<input type="checkbox"/> In Committee	<input type="checkbox"/> Substitute	<input checked="" type="checkbox"/> Enrolled

2. Patron: Ransone

3. Committee: Passed both Houses.

4. Title: Health care providers; notices; health benefit plan networks; air ambulance providers.

5. Summary: Requires a health care provider, before arranging for air ambulance services for an individual known to be covered under a health benefit plan, to provide the covered person or his authorized representative a written disclosure and obtain the covered person's or his representative's signature on the disclosure document. The disclosure includes statements that (i) the air ambulance provider may be an out-of-network provider; (ii) if so, the air ambulance provider has not agreed to hold covered persons harmless from payment of any balance due after receiving any payment from the carrier under the covered person's health benefit plan; (iii) indicate the range of the typical charges for out-of-network air ambulance services for which the covered person may be responsible; and (iv) the covered person or his representative may agree to accept and pay the charges of the air ambulance provider as an out-of-network provider, contact the covered person's carrier for additional assistance, or rely on other rights and remedies that may be available under state or federal law. The disclosure is also required to include a statement that the covered person or the covered person's authorized representative may obtain a list of air ambulance providers from the covered person's carrier that are participating providers and may request that the health care provider arrange for air ambulance providers that are participating providers. The measure also provides that if the health care provider is unable to provide the written disclosure or obtain the signature of the covered person or his authorized representative, the health care provider is required to document the reason therefor.

6. Budget Amendment Necessary: No.

7. No Fiscal Impact.

8. Fiscal Implications: This bill would not have a fiscal impact on the Commonwealth, the Virginia Department of Health, or the Department of State Police. Any additional workload related to providing an estimate of typical charges can be absorbed within current resources.

9. Specific Agency or Political Subdivisions Affected: The Virginia Department of Health and the Department of State Police.

10. Technical Amendment Necessary: No.

11. Other Comments: None.