

## Department of Planning and Budget 2019 Fiscal Impact Statement

**1. Bill Number:** SB1360

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

**2. Patron:** Wagner

**3. Committee:** Commerce and Labor

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

**5. Summary:** Provides that for emergency services an individual shall not be required to pay out-of-network provider charges in excess of the amount the health carrier is required to pay except applicable deductibles, copayment amounts, coinsurance rates, or amounts deemed by the health carrier to be noncovered services. The measure provides that in the event of a dispute between the health carrier and the out-of-network provider as to the appropriate reimbursement amount, either party may request the State Corporation Commission's Bureau of Insurance to determine the appropriate reimbursement amount.

**6. Budget Amendment Necessary:** No.

**7. Fiscal Impact Estimates:** No state fiscal impact.

**8. Fiscal Implications:** This bill is not expected to have a state fiscal impact.

According to the Department of Human Resource Management (DHRM), the proposed legislation is not expected to have a fiscal impact to the state employee health plan because the plan currently provides coverage for members treated for emergencies by non-network providers. In these situations, the plan pays 100 percent of the allowable charge, which is the amount that the plan would pay an in-network provider for the services.

The State Corporation Commission does not expect to have a fiscal impact from this bill.

The Department of Medical Assistance Services had indicated that the provisions of this bill will not apply to the Medicaid program.

**9. Specific Agency or Political Subdivisions Affected:** State Corporation Commission Bureau of Insurance and the Department of Human Resource Management.

**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.