

State Corporation Commission 2019 Fiscal Impact Statement

1. Bill Number: SB1362

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: Health benefit plans; balance billing for ancillary services.

5. Summary: Prohibits an out-of-network provider from balance billing a covered person for the costs of an ancillary service when an in-network provider referred the covered person to the out-of-network provider unless (i) the referring in-network provider provided the covered person with a notice of liability for the balance; (ii) the out-of-network provider, prior to providing an ancillary service to the covered person, provided a good faith estimate of the out-of-network provider's charges upon request; (iii) the out-of-network provider provided the covered person with a notice of liability for the balance; and (iv) the covered person acknowledged, by signing the out-of-network provider's notice of liability for the balance, that he is aware that using the out-of-network provider may result in his being balance billed. The prohibition on balance billing applies to amounts in excess of the allowed amount, which is the amount that a carrier is obligated to pay, pursuant to the terms of the covered person's health benefit plan, to a covered person for ancillary services provided by an out-of-network provider, net any copayment, deductible, or other cost-sharing amount.

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 provisions of Senate Bill 1362 concern ancillary services (such as screening, diagnostic and laboratory services) from out-of-network providers, and the provisions of the bill are not limited to Virginia out-of-network providers. The State Corporation Commission Bureau of Insurance therefore recommends that the provisions of Senate Bill 1362, proposed to be added to Title 38.2 of the Code, also be added to Title 32.1, the title of the Code by which health care providers are regulated so that the providers are aware of the new requirements.

Date: 01/20/19/V. Tompkins