HOUSE BILL NO. 193

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTIETH LEGISLATURE - FIRST SESSION

BY REPRESENTATIVE GRENN

Introduced: 3/24/17
Referred:

A BILL

FOR AN ACT ENTITLED

"An Act relating to insurance trade practices and frauds; and relating to emergency services and balance billing."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

*** Section 1.** AS 21.36 is amended by adding a new section to read:

Sec. 21.36.512. Emergency services; balance billing. (a) A health care insurer that offers, issues for delivery, delivers, or renews in this state a health care insurance plan that provides coverage for emergency services or treatment of an emergency medical condition under AS 21.07.020 may not balance bill for services that results in a covered person's incurring greater out-of-pocket costs, including copayment, deductible, or coinsurance amounts, for emergency services or treatment of an emergency medical condition from a non-network health care provider than the covered person would have incurred from a health care provider that furnishes emergency services or treatment of an emergency medical condition through a network of health care providers that have entered into a contract with the health care

insurer.

(b) Except as provided in (d) of this section, a health care insurer that offers, issues for delivery, delivers, or renews in this state a health care insurance plan shall pay a non-network health care provider in accordance with (c) of this section if a non-network health care provider renders services to a covered person

(1) at an in-network hospital or ambulatory surgical center, where

(A) an in-network health care provider is unavailable;

(B) a non-network health care provider renders services without the consent of the covered person; or

(C) unforeseen medical services arise at the time services are rendered; or

(2) where services were referred by an in-network health care provider to a non-network health care provider without explicit written consent of the covered person acknowledging that the in-network health care provider is referring the covered person to a non-network health care provider and that the referral may result in costs not covered by the health care insurance plan.

(c) If a non-network health care provider renders services to a covered person under (b) of this section,

(1) the covered person may only be required to pay the copayment, deductible, or coinsurance amounts or other out-of-pocket expenses that would be imposed for those services if those services were rendered by an in-network health care provider; and

(2) the health care insurer shall pay the non-network health care provider the in-network rate under the health care insurance plan of the covered person as payment in full, unless the health care provider and health care insurer agree otherwise.

(d) A health care insurer is not required to pay a non-network health care provider under (b) or (c) of this section if an in-network health care provider is available to render services to a covered person and the covered person knowingly elects to obtain those services from a non-network health care provider.

(e) In this section,

(1) "ambulatory surgical center" has the meaning given in AS 47.32.900;

(2) "emergency medical condition" has the meaning given in AS 21.07.250;

(3) "health care insurer" has the meaning given in AS 21.54.500;

(4) "health care provider" has the meaning given in AS 21.07.250.