

Fiscal Note

State of Alaska
2018 Legislative Session

Bill Version: HB 193
Fiscal Note Number:
() Publish Date:

Identifier: HB193-DCCED-DOI-03-02-18
Title: HEALTH CARE; BALANCE BILLING
Sponsor: GRENN
Requester: (H) Health and Social Services

Department: Department of Commerce, Community and Economic Development
Appropriation: Insurance Operations
Allocation: Insurance Operations
OMB Component Number: 354

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

	FY2019 Appropriation Requested	Included in Governor's FY2019 Request	Out-Year Cost Estimates				
			FY 2019	FY 2019	FY 2020	FY 2021	FY 2022
OPERATING EXPENDITURES	FY 2019						
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	0.0		0.0		0.0		0.0

Fund Source (Operating Only)

None							
Total		0.0		0.0		0.0	

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None							
Total		0.0		0.0		0.0	

Estimated SUPPLEMENTAL (FY2018) cost: 0.0 (separate supplemental appropriation required)

(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2019) cost: 0.0 (separate capital appropriation required)

(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No

If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version/comments:

Not applicable, initial version.

Prepared By:

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Division:

Division of Insurance

Date: 03/02/2018

Approved By:

Catherine Reardon, Director

Date: 03/02/18

Agency:

Division of Administrative Services, DCCED

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2018 LEGISLATIVE SESSION

BILL NO. HB 193

Analysis

HB193 requires insurers to provide the in-network level of benefits for services in certain circumstances. The bill ensures that insurers will provide in-network cost sharing levels for emergency services and when a covered person has no control over out-of-network provider services. The bill also provides that the insurer is not obligated to pay a non-network health care provider at the in-network rate if an in-network provider is available to render services and the covered person knowingly chooses to obtain services from a non-network health care provider. The bill includes a provision that the insurer shall pay non-network providers the in-network rate under the health care insurance plan as payment in full unless the insurer and provider agree otherwise.

The bill prohibits an insurer from balance billing, but identifies the term to mean the differences in the covered person's "out of pocket costs, including copayment, deductible, or coinsurance" between in-network versus non-network providers under the plan agreement which may or may not include amounts in excess of the allowed amount.

The Division of Insurance does not anticipate a fiscal impact from this legislation.