

HOUSE BILL NO. 193

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTIETH LEGISLATURE - SECOND SESSION

BY REPRESENTATIVES GRENN, Tarr

Introduced: 3/24/17

Referred: Health and Social Services, Labor and Commerce

A BILL

FOR AN ACT ENTITLED

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

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

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

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

1 insurer.

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

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

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

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

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

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

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

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

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

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

31 (e) In this section,

- 1 (1) "ambulatory surgical center" has the meaning given in
2 AS 47.32.900;
3 (2) "emergency medical condition" has the meaning given in
4 AS 21.07.250;
5 (3) "health care insurer" has the meaning given in AS 21.54.500;
6 (4) "health care provider" has the meaning given in AS 21.07.250.