AMENDMENTS TO HOUSE BILL NO. 1553

Sponsor: REPRESENTATIVE BAKER

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- 1 Amend Bill, page 1, line 4, by striking out "facilities" and
- 2 inserting
- 3 providers
- 4 Amend Bill, page 1, line 15, by striking out "Insurers" and
- 5 inserting
- 6 Communications, Records and Enforcement
- 7 Amend Bill, page 5, line 21, by striking out "hospital" and
- 8 inserting
- 9 hospitalist
- 10 Amend Bill, page 5, line 25, by inserting after "The "
- 11 past, present or future
- 12 Amend Bill, page 6, by inserting between lines 14 and 15
- 13 (11) A policy under which benefits are provided by the
- 14 Federal Government to active or former military personnel and
- 15 their dependents.
- Amend Bill, page 6, line 15, by striking out "(11)" and
- 17 inserting
- 18 (12)
- 19 Amend Bill, page 6, line 27, by inserting after "plan."
- Nothing in this definition shall be construed to prohibit an
- 21 authorized representative from acting on behalf of an insured.
- 22 Amend Bill, page 6, line 28, by striking out "the" where it
- 23 occurs the second time and inserting
- 24 accident and health
- 25 Amend Bill, page 7, line 3, by striking out the period after

- 1 "1921" and inserting
- , including section 630 and Article XXIV of The Insurance
- 3 Company Law of 1921.
- 4 Amend Bill, page 7, line 16, by striking out "can provide a
- 5 reasonable basis" and inserting
- an individual would reasonably believe could be used
- 7 Amend Bill, page 7, lines 29 and 30, by striking out "a
- 8 substantial amount of the same" and inserting
- 9 substantially the full
- 10 Amend Bill, page 8, line 6, by striking out "entity provides
- 11 a substantial amount of its" and inserting
- health care practitioners provide a substantial
- 13 amount of their
- Amend Bill, page 8, line 9, by striking out "to" and
- 15 inserting

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- 16 of
- Amend Bill, page 8, line 10, by inserting after "the"
- 18 entity's
- 19 Amend Bill, page 9, lines 2 through 23, by striking out all
- 20 of said lines and inserting
- 21 "Surprise balance bill." As follows:
- 22 (1) A balance bill for any of the following:
 - (i) A covered emergency service provided to an insured by an out-of-network provider, not including a bill for an emergency medical service for which an emergency medical services agency has registered with the Department of Health for direct reimbursement under section 635.7 of the Insurance Company Law of 1921.
 - (ii) A covered service provided to an insured by an out-of-network provider at an in-network facility when the insured did not know the provider was out-of-network or did not choose to receive the service from the out-of-network provider.
 - (iii) A covered service provided to an insured by an out-of-network provider, in conjunction with a health care service for which the insured presented for care to an in-network provider, when the insured did not know the provider was out-of-network or did not choose to receive the service from the out-of-network provider.

- (iv) A covered service provided to an insured by an out-of-network provider at an in-network facility when the insured did not have the ability to make an informed choice of the provider of the health care service.
 - (2) The term does not include any of the following:
- (i) A balance bill for a health care service rendered by an out-of-network provider when an in-network provider is available and the insured has elected to receive the service from an out-of-network provider rather than an in-network provider.
- (ii) A health care service for which an entity, other than an insurer under a health insurance policy, is responsible.
- (3) Nothing in this definition shall be construed to prohibit an insurer from appropriately utilizing reasonable medical management techniques.
- Amend Bill, page 10, by inserting between lines 1 and 2
- "Usual, customary and reasonable rate." The seventy-fifth percentile of all charged amounts for a particular health care service performed by a provider which is in the same or similar specialty and provided in the same geographic area as reported in a benchmarking database maintained by a nonprofit organization designated by the commissioner and not affiliated with an insurer or provider.
- 25 Amend Bill, page 10, lines 9 and 10, by striking out ", but
- 26 not earlier than 10 business days prior to admission or date of
- 27 service" and inserting

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- and there are 10 business days between the date when the health care service is scheduled and the date when the health care service is scheduled to be provided
- 31 Amend Bill, page 10, lines 12 through 14, by striking out
- 32 "Nothing in this act shall prohibit an insurer from" in line 12
- 33 and all of lines 13 and 14 and inserting
- Notice provided less than 10 business days before the date when the health care service will be provided shall not be considered fair notice to allow the insured to make an informed choice to receive a health care service from an out-of-network provider.
- 39 Amend Bill, page 10, line 20, by striking out "providers" and
- 40 inserting
- 41 provider
- 42 Amend Bill, page 11, line 10, by inserting after "service"

- 1 covered by this act
- 2 Amend Bill, page 11, line 22, by striking out "Assignment of
- 3 benefits" and inserting
- 4 Form submission
- 5 Amend Bill, page 11, lines 23 through 28, by striking out all
- 6 of lines 23 through 27 and "(2)" in line 28
- 7 Amend Bill, page 12, lines 1 through 4, by striking out
- 8 "Submission" in line 1, all of lines 2 and 3 and "to the out-of-
- 9 network provider." in line 4
- 10 Amend Bill, page 12, lines 23 through 25, by striking out all
- 11 of lines 23 and 24 and "(iii)" in line 25 and inserting
- 12 (ii)
- Amend Bill, page 12, line 26, by striking out "affected" and
- 14 inserting
- 15 effected
- Amend Bill, page 12, line 27, by striking out "(iv)" and
- 17 inserting
- 18 (iii)
- Amend Bill, page 12, line 30, by striking out "(v)" and
- 20 inserting
- 21 (iv)
- 22 Amend Bill, page 13, line 24, by inserting after "The "
- 23 out-of-network
- 24 Amend Bill, page 14, line 2, by striking out "paragraph" and
- 25 inserting
- 26 section
- 27 Amend Bill, page 15, by inserting between lines 1 and 2
- 28 (3) Nothing in this section shall supersede existing
- 29 agreements between insurers and providers in instances of
- 30 surprise balance billing.
- 31 Amend Bill, page 15, line 2, by striking out all of said line

- 1 and inserting
- 2 (b) Health care service payments.--
- 3 (1) If an insurer receives a
- 4 Amend Bill, page 15, line 3, by striking out "and bill from
- 5 an insured"
- 6 Amend Bill, page 15, line 4, by striking out "bill" and
- 7 inserting
- 8 claim
- 9 Amend Bill, page 15, line 6, by striking out all of said line
- 10 and inserting

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- 11 (2) Payment under paragraph (1) shall be in accordance with the following:
 - (i) If the claim by the out-of-network provider in excess of \$500, either party may initiate the independent dispute resolution process under section 304.
 - (ii) If the claim by the out-of-network provider is \$500 or less, the insurer shall reimburse the out-of-network provider the greater of:
 - (A) the amount that would have been paid for the claim under the insured's health insurance policy had the service which is the subject of the claim been rendered by an in-network provider; or
 - (B) the usual, customary and reasonable rate for the out-of-network provider's services.
- 25 (iii) The insurer shall pay, in accordance with the prompt
- 27 Amend Bill, page 15, line 11, by striking out all of said
- 28 line and inserting
- 29 (iv) Payment under subparagraph (i) shall be made directly
- 31 Amend Bill, page 15, line 13, by striking out all of said
- 32 line and inserting
- 33 (v) The insurer and out-of-network provider may reach an agreement as to
- 35 Amend Bill, page 15, line 14, by inserting after "the"
- 36 out-of-network
- 37 Amend Bill, page 15, line 17, by inserting after "the" where

- 1 it occurs the first time
- 2 out-of-network
- 3 Amend Bill, page 15, line 19, by striking out all of said
- 4 line and inserting
- 5 (vi) If the out-of-network provider and insurer do
- 6 not reach an
- 7 Amend Bill, page 15, line 22, by inserting after "the " where
- 8 it occurs the first time
- 9 out-of-network
- 10 Amend Bill, page 15, line 23, by inserting after "The "
- 11 out-of-network
- 12 Amend Bill, page 15, line 24, by inserting after "the "
- 13 out-of-network
- Amend Bill, page 15, line 26, by striking out ", including"
- 15 and inserting
- 16 to include
- Amend Bill, page 16, line 26, by striking out "insurer and
- 18 provider" and inserting
- 19 the insurer and provider for any dispute
- 20 Amend Bill, page 17, line 7, by striking out "the" and
- 21 inserting
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- 23 Amend Bill, page 17, line 23, by inserting after "shall"
- 24 each
- 25 Amend Bill, page 19, line 18, by striking out "offer" and
- 26 inserting
- 27 offers
- Amend Bill, page 19, line 24, by striking out "between the
- 29 parties" and inserting
- 30 to the prevailing party
- 31 Amend Bill, page 20, line 7, by striking out "comply with all

- 1 of the following"
- 2 Amend Bill, page 20, line 8, by striking out "Maintaining"
- 3 and inserting
- 4 Maintain
- 5 Amend Bill, page 20, line 16, by striking out "Documenting"
- 6 and inserting
- 7 Document
- 8 Amend Bill, page 20, line 20, by striking out "Reporting" and
- 9 inserting
- 10 Report
- Amend Bill, page 20, line 28, by striking out "Protecting"
- 12 and inserting
- 13 Protect
- Amend Bill, page 21, line 3, by striking out the period after
- 15 "regulations" and inserting
- 16 and shall be confidential as nonpublic personal health
- 17 information.
- Amend Bill, page 21, line 4, by striking out "Reporting" and
- 19 inserting
- 20 Report
- 21 Amend Bill, page 21, lines 10 through 18, by striking out all
- 22 of said lines and inserting
- 23 This chapter applies to surprise balance bills. Nothing in
- 24 this act shall prohibit an insurer from appropriately utilizing
- 25 prior authorization or other reasonable medical management
- 26 techniques.
- 27 Amend Bill, page 21, line 20, by striking out all of said
- 28 line and inserting
- 29 COMMUNICATIONS, RECORDS AND ENFORCEMENT
- 30 Amend Bill, page 23, line 10, by striking out all of said
- 31 line and inserting
- 32 confidential information. Confidential information under

- 1 this section shall not be subject
- 2 Amend Bill, page 23, line 15, by striking out "A discovery or
- 3 admissible evidence" and inserting
- 4 Discovery or admissible evidence
- 5 Amend Bill, page 23, line 17, by inserting after "disclose"
- 6 confidential
- 7 Amend Bill, page 23, line 18, by striking out "which meets
- 8 the criteria under subsection (a)"
- 9 Amend Bill, page 23, lines 28 and 29, by striking out
- 10 "information which meets the criteria under subsection (a)" and
- 11 inserting
- 12 confidential information
- Amend Bill, page 23, line 30, by inserting after "the" where
- 14 it occurs the first time
- 15 aggregated
- 16 Amend Bill, page 24, lines 2 and 3, by striking out
- 17 "information which meets the criteria under subsection (a)" and
- 18 inserting
- 19 confidential information
- 20 Amend Bill, page 25, line 27, by inserting after "of"
- and may be subject to the penalties provided for in
- 22 Amend Bill, page 25, line 30, by inserting after "of" where
- 23 it occurs the first time
- and may be subject to the penalties provided for in
- 25 Amend Bill, page 26, line 6, by inserting after "of" where it
- 26 occurs the first time
- and may be subject to the penalties provided for in
- 28 Amend Bill, page 27, line 5, by inserting after "may" where
- 29 it occurs the first time
- 30 each
- 31 Amend Bill, page 27, by inserting between lines 6 and 7

- 1 Section 702. Publication of benchmarking databases.
- (a) Databases. -- The department shall compile and maintain a 3 list of benchmarking databases maintained by nonprofit 4 organizations not affiliated with an insurer or provider.
- (b) Publication. -- The department shall publish the list of 6 benchmarking databases on the department's publicly accessible Internet website and annually in the Pennsylvania Bulletin on or 8 before July 1.
- 9 Amend Bill, page 27, line 7, by striking out "702" and
- 10 inserting
- 11 703