

Amendment to HB 1809-FN

1 Amend the title of the bill by replacing it with the following:

2  
3 AN ACT relative to balance billing under the managed care law and relative to coverage for  
4 emergency services.  
5

6 Amend the bill by replacing all after the enacting clause with the following:  
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8 1 New Section; Prohibition on Balance Billing; Payment for Reasonable Value of Services.  
9 Amend RSA 329 by inserting after section 31-a the following new section:

10 329:31-b Prohibition on Balance Billing; Payment for Reasonable Value of Services.

11 I. When a commercially insured patient is covered by a managed care plan as defined under  
12 RSA 420-J:3, XXV, a health care provider performing anesthesiology, radiology, emergency  
13 medicine, or pathology services shall not balance bill the patient for fees or amounts other than  
14 copayments, deductibles, or coinsurance, if the service is performed in a hospital or ambulatory  
15 surgical center that is in-network under the patient's health insurance plan. This prohibition shall  
16 apply whether or not the health care provider is contracted with the patient's insurance carrier.

17 II. Pursuant to paragraph I, fees for health care services submitted to an insurance carrier  
18 for payment shall be limited to a commercially reasonable value, based on payments for similar  
19 services from New Hampshire insurance carriers to New Hampshire health care providers.

20 III. In the event of a dispute between a provider and an insurance carrier relative to the  
21 reasonable value of a service under this section, the insurance commissioner shall have exclusive  
22 jurisdiction under RSA 420-J:8-e to determine if the fee is commercially reasonable. The provider  
23 and the insurance carrier shall each make best efforts to resolve any dispute prior to applying to the  
24 insurance commissioner for resolution, which shall include presenting to the other party evidence  
25 supporting its contention that the fee level it is proposing is commercially reasonable. The  
26 department of insurance may require the parties to engage in mediation prior to rendering a  
27 decision.

28 2 New Section; Reasonable Value of Health Care Services. Amend RSA 420-J by inserting after  
29 section 8-d the following new section:

30 420-J:8-e Reasonable Value of Health Care Services. In the event of a dispute between a health  
31 care provider and an insurance carrier relative to the reasonable value of a service under RSA  
32 329:31-b, the commissioner shall have exclusive jurisdiction to determine if the fee is commercially  
33 reasonable. Either the provider or the insurance carrier may petition for a hearing under RSA 400-

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1 A:17. The petition shall include the appealing party's evidence and methodology for asserting that  
2 the fee is reasonable, and shall detail the efforts made by the parties to resolve the dispute prior to  
3 petitioning the commissioner for review. The department may require the parties to engage in  
4 mediation prior to rendering a decision.

5 3 New Subparagraph; Network Adequacy; Rulemaking. Amend RSA 420-J:7, II by inserting  
6 after subparagraph (d) the following new subparagraph:

7 (e) Standards for addressing in-network access to hospital based providers, such as  
8 anesthesiologists, radiologists, pathologists, and emergency medicine physicians.

9 4 New Paragraph; Network Adequacy; Report Required. Amend RSA 420-J:7 by inserting after  
10 paragraph IV the following new paragraph:

11 V. The commissioner shall provide a report annually on the findings associated with  
12 network adequacy review to the chairpersons of the house and senate committees having  
13 jurisdiction over insurance issues.

14 5 Coverage for Emergency Services; Definitions. Amend the introductory paragraph of RSA  
15 417-F:1, I to read as follows:

16 I. "Emergency services" means health care services that are provided to an enrollee,  
17 insured, or subscriber in a licensed hospital emergency facility by a provider after the sudden onset  
18 of a medical condition that manifests itself by symptoms of sufficient severity ***that a prudent***  
19 ***layperson with average knowledge of health and medicine could reasonably expect*** that the  
20 absence of immediate medical attention could be expected to result in any of the following:

21 6 Managed care Law; Emergency Medical Condition. RSA 420-J:3, XV is repealed and  
22 reenacted to read as follows:

23 XV. "Emergency medical condition" means the sudden and, at the time, unexpected onset of  
24 a health condition that requires immediate medical attention such that a prudent layperson with  
25 average knowledge of health and medicine could reasonably expect that failure to provide medical  
26 attention could result in serious impairment to bodily functions or serious dysfunction of a bodily  
27 organ or part, or could place the person's health in serious jeopardy.

28 7 Managed Care Law; Emergency Services. Amend the introductory paragraph of RSA 420-J:3,  
29 XVI to read as follows:

30 XVI. "Emergency services" means health care services that are provided to an enrollee,  
31 insured, or subscriber in a licensed hospital emergency facility by a provider after the sudden onset  
32 of a medical condition that manifests itself by symptoms of sufficient severity ***that a prudent***  
33 ***layperson with average knowledge of health and medicine could reasonably expect*** that the  
34 absence of immediate medical attention could ~~[be expected to]~~ result in any of the following:

35 8 Report. The insurance commissioner shall make a report on or before July 1, 2020 detailing  
36 the impact of RSA 329:31-b as inserted by section 1 of this act and RSA 420-J:8-e as inserted by  
37 section 2 of the act on health insurance premium rates to the chairpersons of the house and senate

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1 committees having jurisdiction over insurance issues.

2 9 Effective Date. This act shall take effect July 1, 2018.

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2018-1638s

AMENDED ANALYSIS

This bill prohibits balance billing under the managed care law.

This bill also clarifies coverage for emergency services.