

March 1, 2007

**H 447. HEALTH CARE PROVIDER/BALANCE BILLING.** Filed 3/1/07. *TO PROHIBIT BALANCE BILLING BY HEALTH CARE PROVIDERS UNDER CERTAIN CIRCUMSTANCES.*

Enacts new GS 58-50-248 prohibiting facility-based physicians and health care providers that accept the customary rate under the health benefit plan from charging a covered person any amount above the co-payment, coinsurance, or deductible due for services. Enacts new GS 58-67-43 providing that facility-based physicians or providers that are not a member of an HMO delivery network, but have arranged to provide services and agreed to a set rate of payment or to the usual rate of payment by an HMO, may charge enrollees only for applicable co-payments, coinsurance, or deductibles. Amends GS 58-50-56 providing that if facility-based physicians or health care providers who are not part of the preferred provider network have provided health care services and have received the usual and customary rate from the insurer, the insured is not liable for further payments except for co-payments, coinsurance, or deductibles owed by the insured. Makes conforming changes to GS 58-65-2 and GS 58-50-56. Effective for plans, policies, or certificates issued or renewed on or after January 1, 2008.

**Intro. by Faison.**

GS 58