

HOUSE BILL REPORT

HB 1263

As Reported by House Committee On:
Health Care & Wellness

Title: An act relating to reducing the financial loss to emergency medical care and transportation services by ensuring direct payment for emergency transportation services.

Brief Description: Reducing the financial loss to emergency medical care and transportation services by ensuring direct payment for emergency transportation services.

Sponsors: Representatives Angel, Van De Wege, Cody, Tharinger, Ryu and Fey.

Brief History:

Committee Activity:

Health Care & Wellness: 1/29/13, 2/8/13 [DPS].

Brief Summary of Substitute Bill

- Requires an enrollee to prove that payment has been made by clear and convincing evidence before a health services contractor makes payment in the sole name of the enrollee.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 15 members: Representatives Cody, Chair; Jenkins, Vice Chair; Schmick, Ranking Minority Member; Hope, Assistant Ranking Minority Member; Angel, Clibborn, Green, Harris, Manweller, Moeller, Riccelli, Ross, Short, Tharinger and Van De Wege.

Minority Report: Do not pass. Signed by 1 member: Representative Morrell.

Staff: Jim Morishima (786-7191).

Background:

A health care services contractor is an entity that contracts with a network of providers to meet the needs of its covered lives. When paying claims for services provided by certain out-of-network providers, such as physicians, registered nurses, providers of emergency medical

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and transportation services, and chiropractors, a health care services contractor must make the check out to both the provider and the covered person. If the covered person provides evidence of pre-payment, the check may be made out solely to the person.

Summary of Substitute Bill:

An enrollee must prove that payment has been made to a provider by clear and convincing evidence before a health services contractor may make payment in the sole name of the enrollee.

Substitute Bill Compared to Original Bill:

The substitute bill removes provisions requiring health service contractors to reimburse providers of emergency medical care and transportation services directly or in a manner that is co-payable. Instead, the substitute bill requires an enrollee to prove that payment has been made to a provider by clear and convincing evidence before a health services contractor may make payment in the sole name of the enrollee.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) Currently, enrollees receive a reimbursement check that must be endorsed by both the provider and the enrollee. Because of confusion, mistakes at the bank, or outright fraud, these payments are not making it to the providers of emergency medical care and transportation services. This is causing these providers to have to act as collection agents. It also leads to people abusing the system and tying up valuable resources. Providers of emergency medical care and transportation services should be paid directly.

(Opposed) None.

Persons Testifying: Representative Angel, prime sponsor; Bob Berschauer, Washington Ambulance Association; Mary Campbell, Olympia Ambulance; and Mark Correia, Snohomish County Fire District 1 and Washington Fire Chiefs EMS Section.

Persons Signed In To Testify But Not Testifying: None.