- 1 HB11
- 2 198994-3
- 3 By Representative Rowe
- 4 RFD: Insurance
- 5 First Read: 05-MAR-19
- 6 PFD: 01/10/2019

1	ENGROSSED
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4	A BILL
5	TO BE ENTITLED
6	AN ACT
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8	Relating to hospitals; to amend Sections 35-11-371
9	and 35-11-372, Code of Alabama 1975, to require a hospital
10	that provides medical treatment to an injured person to seek
11	compensation solely from that person's health insurance
12	provider, with the exception of approved copayments and
13	deductibles, unless certain circumstances apply; and to allow
14	a hospital to perfect a hospital lien against any recovery the
15	injured person may be awarded for injuries by way of
16	settlement or judgment in certain circumstances.
17	BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:
18	Section 1. Sections 35-11-371 and 35-11-372, Code of
19	Alabama 1975, are amended to read as follows:
20	<b>"</b> §35-11-371.
21	"(a) For the purposes of this section, the following
22	terms shall have the following meanings:
23	"(1) HEALTH CARE PAYOR. A health care insurer,
24	health maintenance organization, or health care service plan
25	organized under Article 6, Chapter 20, Title 10A, authorized
26	to provide health care coverage in the state.

1	"(2) SATISFY THE CLAIM. Receipt by the hospital of
2	either of the following:
3	"a. Full payment for services as billed.
4	"b. If the hospital has a contract with the injured
5	person's health care payor, payment together with all credits,
6	discounts, and contractual adjustments that the patient's bill
7	would be entitled under the contract, including recoupments,
8	between the hospital and the patient's health care payor which
9	extinguish the patient's obligation for the services rendered.
10	"(b) Unless specifically contrary to any contractual
11	agreement between the hospital and the injured person's health
12	care payor or unless contrary to any statute or governmental
13	rule or regulation of the United States or this state, no
14	hospital shall perfect a lien as to any injured person who was
15	covered by a health care payor's policy, until the hospital
16	submits to the health care payor an accurate and properly
17	coded claim, or if a contract exists between the hospital and
18	the health care payor, in the form required pursuant to the
19	contract, and there is a failure to satisfy the claim.
20	Perfection of a lien shall be as follows:
21	"(1) A hospital may perfect its lien as to an
22	injured person who was covered by a health care payor's policy
23	that provides primary coverage for the care, if the hospital
24	takes the steps described in subsection (c), within 20 days
25	after its receipt of notice of the health care payor's denial
26	of an accurate and properly coded claim. Failure to satisfy an

accurate and properly coded claim within 45 days of submission

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or the subsequent recoupment by the health care payor of

amounts previously paid, which results in a failure to satisfy

the claim, shall be deemed a denial of the claim.

"(2) A hospital may perfect its lien as to an injured person who was not known to the hospital to be covered by a health care payor, was covered by a governmental payor including Medicare or Medicaid, or was covered by a policy not described in subdivision (b)(1), if it takes the steps described in subsection (c) within 20 days after discharge.

"(3) Where the hospital does not receive evidence of the injured person's health care payor until after the lien provided for by this section has been perfected, the hospital shall bill the health care payor forthwith but may retain its lien until satisfaction of the claim. If the claim is satisfied, the hospital shall release the lien within 10 days.

"(c) In order to perfect such a lien under this division, the operator of such the hospital, before or within 10 days after such person shall have been discharged therefrom shall file in with the office of the judge of probate of the county or counties probate court of the county in which such cause of action arose the hospital is located a verified statement setting forth the name and address of such the patient, as it shall appear on the records of such the hospital, the name and location of such the hospital and the name and address of the operator thereof, the dates of admission and discharge of such the patient therefrom, the amount claimed to be due for such the hospital care, which

shall give full credit for any health care payor payments

made, including agreed contractual adjustments, and to the

best of the claimant's knowledge, the names and addresses of

all persons, firms, or corporations claimed by such the

injured person, or the legal representative of such the

person, to be liable for damages arising from such the

injuries; such. The claimant shall also within one day after

the filing of such the claim or lien, mail a copy thereof by

registered or certified mail, postage prepaid, for each

person, firm, or corporation so claimed to be liable on

account of such the injuries, at the addresses so given in

such the statement, and to the patient, his guardian, or his

personal representative at the address given at the time of

admission.

"(d) The filing of such a claim or lien shall be notice thereof to all persons, firms, or corporations liable for such damages, whether or not they are named in such the claim or lien. Nothing herein shall be deemed to preclude the hospital from perfecting its lien outside of the time limits stated in this section through providing actual notice to persons, firms, or corporations.

"(b) (e) The judge of probate shall endorse thereon the date and hour of filing, and at the expense of the county shall provide a hospital lien book with proper index in which he or she shall enter the date and hour of such the filing, the names and addresses of such the hospital, the operators thereof and of such the patient, the amount claimed and the

names and addresses of those claimed to be liable for damages.

Such The information shall be recorded in the name of the

patient. The judge of probate shall be paid \$1.00 one dollar

"§35-11-372.

(\$1) as his or her fee for such the filing.

"(a) During the period of time allowed by Section 35-11-371 for perfecting the lien provided for by this division, including that period of time during which the hospital is awaiting payment or denial by the patient's health care payor, and also after the lien provided for by this division has been perfected, as provided in this division, by any lienholder entitled thereto, no release or satisfaction of any action, claim, counterclaim, demand, judgment, settlement, or settlement agreement, or of any of them, shall be valid or effectual as against such the lien unless such the lien.

"(b) Any acceptance of a release or satisfaction of any such action, claim, counterclaim, demand or judgment and any settlement of any of the foregoing in the absence of a release or satisfaction of the lien referred to in this division shall prima facie constitute an impairment of such the lien, and the lienholder shall be entitled to a civil action for damages on account of such the impairment, and in such the action may recover from the one accepting such the release or satisfaction or making such the settlement the reasonable cost of such charges for the hospital care, treatment, and maintenance. Satisfaction of any judgment

rendered in favor of the lienholder in any such action shall operate as a satisfaction of the lien. Any action by the lienholder shall be brought in any court having jurisdiction thereof and may be brought and maintained in the county wherein the lienholder has his or her, its, or their residence or place of business. If the lienholder shall prevail in such the action, the lienholder shall be entitled to recover from the defendant, costs and reasonable attorney's fees. Such The action shall be commenced against the person liable for such the damages within one year after the date such the liability shall be finally determined by a settlement release covenant not to sue or by the judgment of a court of competent jurisdiction."

Section 2. This act shall become effective on the first day of the third month following its passage and approval by the Governor, or its otherwise becoming law and shall apply to claims for hospital services that arise following the effective date.

House of Representatives
Read for the first time and re- ferred to the House of Representa- tives committee on Insurance 05-MAR-19
Read for the second time and placed on the calendar with 1 substitute and 11-APR-19
Read for the third time and passed as amended 16-APR-19
Yeas 97, Nays 0, Abstains 1
Jeff Woodard Clerk