**South Carolina General Assembly**

118th Session, 2009-2010

**H. 3376**

**STATUS INFORMATION**

General Bill

Sponsors: Rep. Herbkersman

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Introduced in the House on January 29, 2009

Currently residing in the House Committee on **Labor, Commerce and Industry**

Summary: Insurer

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

1/29/2009 House Introduced and read first time [HJ](file:///h:\HJ%20Archive\2009\01-29-09.docx)‑4

1/29/2009 House Referred to Committee on **Labor, Commerce and Industry** [HJ](file:///h:\HJ%20Archive\2009\01-29-09.docx)‑4

**VERSIONS OF THIS BILL**

[1/29/2009](file:///p:\pprever\2009-10\3376_20090129.docx)

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 38‑71‑205 SO AS TO PROVIDE AN INSURER THAT MAKES A REIMBURSEMENT UNDER A HEALTH INSURANCE POLICY FOR A SERVICE COVERED BY THE POLICY MUST MAKE THE REIMBURSEMENT AT THE SAME RATE APPLIED TO A LICENSED HEALTH CARE PROVIDER IN THIS STATE, TO PROVIDE A GROUP HEALTH INSURANCE POLICY MAY NOT LIMIT OR CONDITION A DIAGNOSIS, SERVICE, OR TREATMENT RENDERED BY A HEALTH CARE PROVIDER OR REIMBURSEMENT TO THE PROVIDER FOR THE DIAGNOSIS, SERVICE, OR TREATMENT RENDERED UNLESS THE POLICY ALSO APPLIES THAT LIMITATION OR CONDITION TO A LICENSED HEALTH CARE PROVIDER IN THIS STATE, TO PROVIDE WHERE A DISCREPANCY EXISTS BETWEEN THIS SECTION AND A REIMBURSEMENT RATE OR CONDITION ON A DIAGNOSIS, SERVICE, OR TREATMENT, THE DISCREPANCY MUST BE CORRECTED IN FAVOR OF THE LOWER TO HIGHER REIMBURSEMENT RATE OR A REDUCTION OF THE LIMITS OR RESTRICTIONS ON THE AFFECTED HEALTH CARE PROVIDER, AND TO PROVIDE A DEDUCTIBLE ONLY MAY BE DICTATED BY THE PLAN OBTAINED BY THE INSURED AND MAY NOT VARY BASED ON THE HEALTH CARE PROVIDER RENDERING THE SERVICE.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Article 1, Chapter 71, Title 38 of the 1976 Code is amended by adding:

“Section 38‑71‑205. Notwithstanding another provision of law:

(1) an insurance provider that issues an individual or group health insurance policy after the effective date of this section must reimburse for a service covered by the policy at the same rate applied to a licensed health care provider in this State. This reimbursement must be made regardless of the terminology or billing code used to describe the condition, complaint, diagnosis, service, or treatment involved and without discrimination regarding the usual and customary procedures when a similar diagnosis, service, or treatment is rendered;

(2) a group health insurance policy may not limit or condition a diagnosis, service, or treatment rendered by a health care provider or reimbursement for this diagnosis, service, or treatment, unless the limit or condition also applies to all health care providers in this State;

(3) where a discrepancy exists between this provisions of this section and a reimbursement rate or condition on a diagnosis, service, or treatment, the discrepancy must be corrected by elevating the lower reimbursement rate to the higher rate or reducing the limits or restrictions on the affected health care provider; and

(4) a deductible only may be dictated by which plan is obtained by the insured and may not vary based on the health care provider rendering the diagnosis, service, or treatment.”

SECTION 2. This act takes effect upon approval by the Governor.

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