

Regular Session, 2014

HOUSE BILL NO. 601

BY REPRESENTATIVES ABRAMSON, HUNTER, HUVAL, PIERRE, RITCHIE, AND THIBAUT

INSURANCE/HEALTH: Prohibits a provider of healthcare services from refusing to submit a claim to a health insurance issuer under certain circumstances

1 AN ACT

2 To enact R.S. 22:1827, relative to health insurance coverage; to prohibit a provider of
3 healthcare services from refusing to submit a claim to a health insurance issuer under
4 certain circumstances; to define certain terms; to provide that certain conflicting
5 provisions in agreements between a provider of healthcare services and a health
6 insurance issuer shall be deemed null and void; and to provide for related matters.

7 Be it enacted by the Legislature of Louisiana:

8 Section 1. R.S. 22:1827 is hereby enacted to read as follows:

9 §1827. Submission of health insurance claims

10 A.(1) A provider of healthcare services shall not require an insured, as a
11 condition for the submission of a claim for payment by a health insurance issuer, to
12 consent to full payment for the healthcare services in the event that the insured's
13 health insurance issuer denies such claim for healthcare services.

14 (2) This Section shall not preclude such a provider from requiring the
15 insured to pay the provider directly for such healthcare services in the event such a
16 claim is subsequently denied by the health insurance issuer after submission but
17 before the services are provided and such services are still requested by the insured.

1 B. For purposes of this Section:

2 (1) "Healthcare services" means services, items, supplies, or drugs for the
3 diagnosis, prevention, treatment, cure, or relief of a health condition, illness, injury,
4 or disease.

5 (2) "Health insurance coverage" means benefits consisting of medical care
6 provided or arranged for directly, through insurance or reimbursement, or otherwise,
7 and includes healthcare services paid for under any plan, policy, or certificate of
8 insurance.

9 (3) "Health insurance issuer" means any entity that offers health insurance
10 coverage through a policy or certificate of insurance subject to state law that
11 regulates the business of insurance. For purposes of this Subpart, a "health insurance
12 issuer" shall include a health maintenance organization, as defined and licensed
13 pursuant to Subpart I of Part I of Chapter 2 of this Title, nonfederal government
14 plans subject to the provisions of Subpart B of this Part, and the Office of Group
15 Benefits.

16 C. Any provision in an agreement between a provider of healthcare services
17 and a health insurance issuer that conflicts with the provisions of this Section shall
18 be deemed null and void.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

Abramson

HB No. 601

Abstract: Prohibits healthcare providers from refusing to submit a claim to a health insurance issuer under certain circumstances.

Proposed law prohibits a provider of healthcare services from requiring an insured, as a condition for the submission of a claim for payment by a health insurance issuer, to consent to full payment for such healthcare services in the event that the insured's health insurance issuer denies such claim.

Proposed law provides that it shall not preclude a provider of healthcare services from requiring an insured to pay for healthcare services directly to the provider if the claim is denied after submission to the health insurance issuer but before the services are provided if still requested by the insured.

Proposed law defines terms "healthcare services", "health insurance coverage", and "health insurance issuer".

Proposed law provides that any provision in an agreement between a provider of healthcare services and a health insurance issuer that conflicts with proposed law shall be deemed null and void.

(Adds R.S. 22:1827)

Summary of Amendments Adopted by House

Committee Amendments Proposed by House Committee on Insurance to the original bill.

1. Deletes provision prohibiting a provider of healthcare services from requiring an insured, as a condition for furnishing such services, to consent to full payment for such services in the event that the insured's health insurance issuer denies a claim for such services.
2. Adds provision making any provision in an agreement between a provider of healthcare services and a health insurance issuer that conflicts with proposed law null and void.