

Regular Session, 2010

SENATE BILL NO. 683

BY SENATOR LAFLEUR

HEALTH/ACC INSURANCE. Requires health insurance issuers to directly pay noncontracted health care providers of emergency services for their charges as determined pursuant to the plan or policy of enrollee and insurer. (8/15/10)

1 AN ACT

2 To enact R.S. 22:1826, relative to noncontracted providers of emergency services; to require  
3 health insurance issuers to directly pay such providers pursuant to a plan or policy  
4 provisions for such services; and to provide for related matters.

5 Be it enacted by the Legislature of Louisiana:

6 Section 1. R.S. 22:1826 is hereby enacted to read as follows:

7 **§1826. Payment of claims for emergency services provided by noncontracted**  
8 **health care providers**

9 **A. If a health care provider that does not contract with a health**  
10 **insurance issuer files a claim with a health insurance issuer for emergency**  
11 **services rendered, the health insurance issuer shall directly pay such a claim by**  
12 **a noncontracted provider in the amount as determined pursuant to the plan or**  
13 **policy provisions between the enrollee or insured and the health insurance**  
14 **issuer, less any amount representing coinsurance, copayments, deductibles,**  
15 **noncovered services, or any other amounts identified by the health insurance**  
16 **issuer pursuant to the plan or policy provisions, as an amount for which the**  
17 **insured or enrollee is liable. Payment of such claim by the health insurance**

1        issuer shall in no circumstances be made directly to the patient, insured, or  
 2        enrollee.

3                B. For purposes of this Section, "health insurance issuer" means any  
 4        entity that offers health insurance coverage through a policy or certificate of  
 5        insurance subject to state law that regulates the business of insurance. The term  
 6        shall also include a health maintenance organization, as defined and licensed  
 7        pursuant to Subpart I of Part I of Chapter 2 of this Title, and nonfederal  
 8        government plans subject to the provisions of Subpart B of this Part and the  
 9        office of group benefits.

10               C. The provisions of this Section shall not apply to limited benefit health  
 11        insurance policies or contracts.

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The original instrument was prepared by Linda Nugent. The following digest, which does not constitute a part of the legislative instrument, was prepared by Cheryl Horne.

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#### DIGEST

LaFleur (SB 683)

Proposed law authorizes a health care provider that does not contract with a health insurance issuer to file a claim with a health insurance issuer for emergency services rendered. Requires the health insurance issuer to directly pay such a claim by a noncontracted provider in the amount as determined pursuant to the plan or policy provisions between the enrollee or insured and the health insurance issuer for such emergency services, less any amount representing coinsurance, copayments, deductibles, noncovered services, or any other amounts identified by the health insurance issuer pursuant to the plan or policy as an amount for which the insured or enrollee is liable. Specifies that payment of such claim by the health insurance issuer shall in no circumstances be made directly to the patient, insured, or enrollee.

Proposed law further defines "health insurance issuer" as any entity that offers health insurance coverage through a policy or certificate of insurance subject to state law that regulates the business of insurance. Specifies that the term shall also include health maintenance organizations and nonfederal government plans and shall include the office of group benefits.

Proposed law exempts the provisions of proposed law from limited benefit health insurance policies or contracts.

Effective August 15, 2010.

(Adds R.S. 22:1826)

Summary of Amendments Adopted by Senate

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

1. Removes provision that payments be as the usual and customer charges and be paid pursuant to the plan or policy provisions between the enrollee or insured and the health insurance issuer.
2. Includes the office of group benefits.
3. Excludes limited benefit health insurance policies or contracts.