HLS 14RS-161 ORIGINAL

Regular Session, 2014

HOUSE BILL NO. 601

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BY REPRESENTATIVE ABRAMSON

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

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; and to provide for related matters. 5 Be it enacted by the Legislature of Louisiana: 6 Section 1. R.S. 22:1827 is hereby enacted to read as follows: 7 §1827. Submission of health insurance claims 8 A.(1) A provider of healthcare services shall not require an insured, as a 9 condition for the submission of a claim for payment by a healthcare insurer or the 10 furnishing of healthcare services, to consent to full payment for the services in the 11 event that the insured's health insurance issuer denies the claim for health insurance 12 service. 13 (2) This Section shall not preclude such a provider from requiring the 14 insured to pay the provider directly for such healthcare services in the event such a 15 claim is subsequently denied by the healthcare issuer after submission but before the 16 services are provided and such services are still requested by the insured. B. For purposes of this Section: 17 18 (1) "Healthcare services" means services, items, supplies, or drugs for the diagnosis, prevention, treatment, cure, or relief of a health condition, illness, injury, 19 20 or disease.

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CODING: Words in struck through type are deletions from existing law; words <u>underscored</u> are additions.

1	(2) "Health insurance coverage" means benefits consisting of medical care
2	provided or arranged for directly, through insurance or reimbursement, or otherwise,
3	and includes healthcare services paid for under any plan, policy, or certificate of
4	insurance.
5	(3) "Health insurance issuer" means any entity that offers health insurance
6	coverage through a policy or certificate of insurance subject to state law that
7	regulates the business of insurance. For purposes of this Subpart, a "health insurance
8	issuer" shall include a health maintenance organization, as defined and licensed
9	pursuant to Subpart I of Part I of Chapter 2 of this Title, nonfederal government
10	plans subject to the provisions of Subpart B of this Part, and the Office of Group
11	Benefits.

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 an insurer under certain circumstances.

<u>Proposed law</u> prohibits a provider of healthcare services from refusing to submit a claim to the patient's insurer or refusing to provide treatment unless the patient agrees to pay the claim in full should the patient's insurer deny payment for the claim.

<u>Proposed law</u> does not preclude a provider from requiring an insured to pay for healthcare services directly to the provider if the claim is denied but the services are not yet provided but still requested by the insured.

<u>Proposed law</u> defines terms "healthcare services", "health insurance coverage", and "health insurance issuer".

(Adds R.S. 22:1827)