
DIGEST

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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.