

(KEYWORD, SUMMARY, AND DIGEST as amended by Senate committee amendments)

**INSURANCE/HEALTH: Prohibits healthcare service providers from requiring consent to payment as a condition for verification of insurance coverage.**

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DIGEST

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

Proposed law prohibits a healthcare provider which accepts a patient's health insurance coverage to require an enrollee or insured to consent to payment for healthcare services as a condition for verification of health insurance coverage for such healthcare services.

Proposed law provides that it shall not preclude a healthcare provider from requiring the enrollee or the insured to consent to payment or to request payment for those services before services are delivered, to consent to payment or payment for those services delivered, or to require payment in the event a claim is subsequently denied by the health insurance issuer.

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.

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Insurance to the engrossed bill

1. Deletes the provision prohibiting a provider of healthcare services from requiring an insured, as a condition for submission of a claim, 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. Deletes the provision that proposed law 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.

3. Adds that no healthcare provider which accepts a patient's health insurance coverage shall require an enrollee or insured to consent to payment for healthcare services as a condition for verification of health insurance coverage for such healthcare services.
4. Adds that proposed law shall not preclude a healthcare provider from requiring the enrollee or the insured to consent to payment or to request payment for those services before services are delivered, to consent to payment or payment for those services delivered, or to require payment in the event a claim is subsequently denied by the health insurance issuer.