

New law prohibits a healthcare provider that accepts a patient's health insurance coverage from requiring an enrollee or insured to consent to payment for health care services as a condition for verification of health insurance coverage for such health care services.

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

New law defines the following terms:

- (1) "Health care services" means services, items, supplies, or drugs for the diagnosis, prevention, treatment, cure, or relief of a health condition, illness, injury, or disease.
- (2) "Health insurance coverage" means benefits consisting of medical care provided or arranged for directly, through insurance or reimbursement, or otherwise, and includes health care services paid for under any plan, policy, or certificate of insurance.
- (3) "Health insurance issuer" means any entity that offers health insurance coverage through a policy or certificate of insurance subject to existing law, the Insurance Code, that regulates the business of insurance, including a health maintenance organization, certain nonfederal government plans, and the Office of Group Benefits.

Effective Aug. 1, 2014.

(Adds R.S. 22:1827)