
The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Cheryl Horne.

DIGEST

Morrish (SB 247)

Present law defines "fraudulent insurance acts" to include various acts or omissions committed by a person with intent to defraud an insurance company.

Proposed law retains present law and adds the following acts to those constituting insurance fraud:

- (1) Impersonating an insurance company, or a representative of an insurance company, without the authorization or consent of the insurance company for the purpose of executing a scheme or artifice to defraud a person.
- (2) Impersonating another person or entity, whether real or fictitious, and purporting to have the authority to direct healthcare treatment for the purpose of executing a scheme or artifice to defraud a person as fraudulent acts.
- (3) Receiving money or any other thing of value from any person, firm, or entity as a means of compensation for the acts of solicitation or criminal conspiracy done for the purpose of executing a scheme or artifice to defraud a person.

Effective August 1, 2014.

(Adds R.S. 22:1923(2)(k), (l), and (m))

Summary of Amendments Adopted by Senate

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

1. Changes "an insurance company" to "a person".