

SENATE BILL NO. 271

BY SENATOR JOHNS

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21

AN ACT

To amend and reenact R.S. 22:1872(23), 1873(C), 1874(A)(3), and 1878, relative to the Health Care Consumer Billing and Disclosure Protection Act; to provide for definitions; to provide relative to billing by contracted health care providers; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1872(23), 1873(C), 1874(A)(3), and 1878 are hereby amended and reenacted to read as follows:

§1872. Definitions

As used in this Subpart:

\* \* \*

(23) "Noncovered 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 that are neither covered under the terms of health insurance coverage nor required by law to be covered, **or care services or products excluded from the provisions of this Subpart pursuant to an advance written agreement by the enrollee or insured concerning specific payment terms when authorized by an agreement with the provider under this Paragraph.**

§1873. Notice requirements

\* \* \*

C. If the patient approves in advance and in writing the charges for which the

1 patient will be responsible, nothing in this Section shall be construed to prevent a  
2 dental or vision patient from choosing any type, form, or quality of ~~dental~~ procedure  
3 that is a noncovered health care service.

4 §1874. Billing by contracted ~~healthcare~~ health care providers

5 A. \* \* \*

6 (3) However, in the event that any billing, attempt to collect from, or the  
7 collection from an enrollee or insured of any amount other than those representing  
8 copayment, deductible, coinsurance, payment for noncovered or noncontracted  
9 health care services, or other amounts identified by the health insurance issuer as the  
10 liability of the enrollee or insured is based on information received from a health  
11 insurance issuer, the contracted health care provider shall not be in violation of this  
12 Subsection Subpart.

13 \* \* \*

14 §1878. Exception

15 Regardless of any contractual provisions contained in a health insurance  
16 contract or plan delivered in this state, should a patient receive a dental or vision  
17 diagnosis from a contracted provider for which the patient qualifies for a covered  
18 dental or vision service pursuant to the patient's health plan, the patient may choose  
19 either of the following:

20 (1) The covered service designated by the patient's health ~~or~~ dental, or vision  
21 plan for treatment of the condition diagnosed.

22 (2) An alternate type, form, or quality of a dental or vision procedure or  
23 product to treat the diagnosed condition which procedure or product is of equal or  
24 greater price, provided that the patient approves the alternate procedure or product  
25 in advance and in writing. For alternate services, ~~or~~ procedures, or products  
26 provided pursuant to this Subsection, the provider shall be paid for the dental or  
27 vision procedure or product as follows:

28 (a) The insurer shall pay the amount due for the covered procedure or  
29 product which was an approved service or product for the treatment of the  
30 diagnosed condition.

1 (b) The patient shall pay that amount which is the difference between the  
2 amount of the covered service or product and the amount of the chosen alternate  
3 service, ~~or procedure,~~ or product.

\_\_\_\_\_  
PRESIDENT OF THE SENATE

\_\_\_\_\_  
SPEAKER OF THE HOUSE OF REPRESENTATIVES

\_\_\_\_\_  
GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: \_\_\_\_\_