

2022 Regular Session

HOUSE BILL NO. 339

BY REPRESENTATIVE COUSSAN

INSURANCE/HEALTH: Provides relative to coordination of benefits requirements

1 AN ACT

2 To enact R.S. 22:1836(A)(3), relative to health insurance; to prohibit a coordination of
3 benefit provision that permits a plan to delay or deny payment for rendered
4 healthcare services solely on the basis of the insured's failure to provide existence of
5 an additional health benefit plan; and to provide for related matters.

6 Be it enacted by the Legislature of Louisiana:

7 Section 1. R.S. 22:1836(A)(3) is hereby enacted to read as follows:

8 §1836. Coordination of benefits

9 A. Coordination of benefit requirements adopted by health insurance issuers
10 shall, at a minimum, adhere to the following requirements:

11 * * *

12 (3) A coordination of benefit provision shall not be used that permits a plan
13 to pend, delay, or deny payment to a healthcare provider for rendered healthcare
14 services solely on the basis of the insured's failure to provide the health insurance
15 issuer notice of the existence of an additional plan or lack thereof.

16 * * *

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 339 Original

2022 Regular Session

Coussan

Abstract: Prohibits a coordination of benefit provision that delays or denies payment for rendered healthcare services solely on the basis of the insured's failure to present an additional health benefit plan.

Present law provides standards for coordination of benefits requirements by health insurance issuers. Further authorizes the commissioner of insurance to adopt regulations on the order of benefits payments when a person is covered by two or more health plans. Proposed law retains present law.

Proposed law prohibits a coordination of benefit provision that permits a plan to pend, delay, or deny payment to a healthcare provider for rendered healthcare services solely on the basis of the insured's failure to provide the health insurance issuer notice of the existence of an additional plan or lack thereof.

(Adds R.S. 22:1836(A)(3))