To the Honorable Speaker and Members of the House of Representatives and the Honorable President and Members of the Senate.

Ladies and Gentlemen:

We, the conferees appointed to confer over the disagreement between the two houses concerning House Bill No. 294 by Representative Nelson, recommend the following concerning the Engrossed bill:

1. That Senate Committee Amendment No. 1 by the Senate Committee on Insurance (#1848) be adopted.

2. That Senate Committee Amendments Nos. 2 and 3 by the Senate Committee on Insurance (#1848) be rejected.

3. That the set of Senate Floor Amendments by Senator McMath (#2020) be rejected.

4. That the following amendments to the Engrossed bill be adopted:

   **AMENDMENT NO. 1**

   On page 2, at the beginning of line 3, change "B.(1)" to "B.(1)(a)"

   **AMENDMENT NO. 2**

   On page 2, delete lines 7 and 8 in their entirety and insert the following:

   "on any of the following:

   (i) The termination date of the individual's employer-based plan.

   (ii) The date the employer-based plan ceases to provide some or all health benefits to the individual.

   (iii) The date the individual leaves the employer-based plan.

   (b) An open enrollment period prescribed in this Subsection shall last for a period of sixty-three calendar days, during which the"

Respectfully submitted,

Representative Richard James Nelson

Senator Kirk Talbot

Representative Mike Huval

Senator Louie Bernard

Representative Michael Charles Echols

Senator Jeremy Stine
CONFERENCE COMMITTEE REPORT DIGEST

HB 294 2022 Regular Session Nelson

Keyword and oneliner of the instrument as it left the House

INSURANCE/HEALTH: Provides relative to the guaranteed issue of Medicare supplement policies

Report adopts Senate amendments to:

1. Specify that on his open enrollment date, an individual who has a Medicare supplement policy may purchase any Medicare supplement policy offered in this state by the same insurer.
2. Delete language to improve readability.

Report rejects Senate amendments which would have:

1. Provided unclear commencement dates for open enrollment periods with respect to an individual who does not have a Medicare supplement policy.

Report amends the bill to:

1. Clarify the 3 separate dates on which an open enrollment period may commence for an individual who does not have a Medicare supplement policy.

Digest of the bill as proposed by the Conference Committee

Proposed law requires an annual open enrollment period to begin on the birthday of an individual who has an existing Medicare supplement policy. Requires the annual open enrollment period to last for 63 calendar days, during which time the individual may purchase any Medicare supplement policy offered in this state by the same insurer.

Proposed law provides that if during the annual open enrollment period, the individual purchases a standardized Medicare supplement policy identified by a plan letter that indicates benefits equal to or less than the benefits indicated by the plan letter of the individual's previous Medicare supplement policy, the issuer of the chosen Medicare supplement policy is prohibited from denying or conditioning the issuance or effectiveness of the coverage, or discriminating in the pricing of the coverage, due to the individual's health status, claims experience, receipt of health care, or medical condition.

Proposed law requires an open enrollment period for an individual who is eligible for Medicare coverage but who does not have an existing Medicare supplement policy, if the individual maintained health insurance coverage through his employer at the time he became eligible for Medicare coverage. Requires the open enrollment period to begin on the date of the plan's termination, or the date the plan ceases to provide some or all health benefits to the individual, or the date the individual leaves the plan. Further requires the open enrollment period to last for 63 calendar days, during which time the individual may purchase any Medicare supplement policy offered in this state.

Proposed law provides that if during the open enrollment period, the individual purchases a standardized Medicare supplement policy identified by a plan letter for which federal law currently provides a guaranteed issue right at the time of the individual's initial eligibility for Medicare coverage, the issuer of the chosen Medicare supplement policy is prohibited from denying or conditioning the issuance or effectiveness of the coverage, or discriminating in the pricing of the coverage, due to the individual's health status, claims experience, receipt of health care, or medical condition.
Proposed law requires a Medicare supplement policy issuer to provide notice of the annual open enrollment period for eligible Medicare supplement policyholders at the time an application is made for a Medicare supplement policy or certificate. Requires the notice to be in a form prescribed by the commissioner.

(Adds R.S. 22:1112)