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The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Martha S. Hess.

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DIGEST

SB 122 Original

2020 Regular Session

Carter

Present law provides for eligibility in programs sponsored by the Office of Group Benefits, subject to certain limitations.

Present law provides that the respective limiting age of a child or grandchild of an enrollee shall not terminate the coverage of the child or grandchild if they are incapable of self-sustaining employment by reason of physical or mental disability prior to attaining the respective limiting age.

Present law further provides that before the child or grandchild reaches the limiting age, but no earlier than six months before, an application for continued coverage is filed and subsequently approved.

Present law stipulates the application shall be accompanied by an attestation from the dependent's attending physician specifying the physical or mental disability and certifying that the child or grandchild is incapable of self-sustaining employment by reason of that disability. The office may require additional medical or other supporting documentation regarding the disability to process the application.

Present law also provides that after the initial approval, the office may require the submission of additional medical or other supporting documentation substantiating continued disability, but not more frequently than annually, as a precondition to continued coverage.

Proposed law provides that no later than eight months before the child or grandchild reaches limiting age, the office shall send notice to the parent or grandparent that coverage expires unless an application for continued coverage is filed. Proposed law stipulates that the notice specify that if the application for continued coverage is not filed prior to the date the child or grandchild reaches the respective limiting age, the child or grandchild shall lose coverage.

Proposed law requires that the notice contain an explanation of the right of the parent or grandparent to appeal to a review panel if the documentation is not submitted timely. Proposed law requires that the application be submitted no earlier than six months prior to the child or grandchild attaining the respective limiting age.

Proposed law provides that if continued coverage is denied due to failure to obtain the additional required documentation, upon submitting documentation, the parent or grandparent shall have the right to appeal to reinstate the coverage. The appeal review panel may decide, after consideration of the totality of circumstances and for good cause, to reinstate coverage.

Proposed law further provides that if the parent or grandparent does not submit the application for

continued coverage prior to the date the child or grandchild reaches the respective limiting age, they shall have the right to appeal and to explain the reasons for untimely filing. Authorizes the appeal review panel to decide, after consideration of the totality of circumstances and for good cause, to reinstate coverage.

Proposed law applies to any health plan under the purview of the Office of Group Benefits.

Effective August 1, 2020.

(Amends R.S. 42:808(F))