

## RÉSUMÉ DIGEST

ACT 112 (SB 122)

2020 Regular Session

Carter

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

Prior law authorized the Office of Group Benefits to procure private contracts of policies of group health, accident, accidental death and dismemberment, and hospital, surgical, or medical expense benefits and to contract for all or a portion of the administration, operation, or both of a self-funded program for that purpose.

Prior law provided 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.

Prior law further provided 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.

Prior law stipulated 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.

Prior law also provided 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.

New law provides that no later than seven months before the child or grandchild reaches limiting age, the health plan 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 shall 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.

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

New 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 for an administrative review to reinstate the coverage. The administrative review panel may decide, after consideration of the totality of circumstances and for good cause, to reinstate coverage.

New 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 for an administrative review and to explain the reasons for untimely filing. Authorizes the administrative review panel to decide, after consideration of the totality of circumstances and for good cause, to reinstate coverage.

New law applies to any health plan under the purview of prior law.

New law provides that new law may be referred to or cited as "Arielle's Law".

Effective August 1, 2020.

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