RÉSUMÉ DIGEST

ACT 89 (SB 82)

2021 Regular Session

Cathey

<u>Prior law</u> provided for internal claims and appeals processes and external review of insurance claims and provided that the Health Insurance Issuer External Review Act provide uniform standards for the establishment and maintenance of external review procedures to assure that covered persons have the opportunity for an independent review of an adverse determination or final adverse determination on an insurance claim.

<u>Prior law</u> defined "health benefit plans" which are subject to <u>prior law</u> and excluded certain excepted benefits and short-term policies that have a term of less than 12 months from the definition of "health benefit plans".

<u>New law</u> removes dental insurance plans from the exclusion and provides that they are subject to provisions of the Health Insurance Issuer External Review Act.

<u>New law</u> limits the application of <u>prior law</u> to external review or adverse determinations related to individual dental insurance claims that are greater than \$250.

Effective upon signature of the governor (June 4, 2021).

(Amends R.S. 22:2392(26) and 2393)