

## RÉSUMÉ DIGEST

**ACT 589 (SB 90)**

**2022 Regular Session**

**Robert Mills**

Prior law generally requires a health insurance issuer providing a health benefit plan to maintain a network that is sufficient in numbers and types of healthcare providers to ensure that all healthcare services to covered persons will be accessible without unreasonable delay. Provides for covered persons in cases of emergency services and provides for sufficiency criteria.

Prior law requires an issuer, beginning January 1, 2014, to file annual access plans with the commissioner for each plan that the issuer offers in this state. Provides that existing, new, or initial filings of policy forms by an issuer may include the network of providers to be used in connection with the policy forms. Requires the issuer to state whether benefits under the health insurance policy do not rely on a network of providers. Further provides that issuers may request the commissioner to consider sections of the access plan as proprietary or trade secret information prohibited from public disclosure in accordance with Public Records Law (R.S. 44:1 et seq.) or as protected health information exempt from the Louisiana Insurance Code.

New law retains prior law but deletes the January 1, 2014 beginning date.

Prior law authorizes the health insurance issuer to make the access plans, absent any proprietary or trade secret information and protected health information, available and readily accessible on its business premises and to provide the plans to any interested party upon request.

New law retains prior law.

Prior law authorizes an issuer to submit proof of certain accreditation information to the commissioner in lieu of submitting the annual access plan.

New law deletes prior law.

Effective January 1, 2023.

(Amends R.S. 22:1019.2(A), (B)(5), (C)(intro para), and (D))