The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Senate Legislative Services. The keyword, summary, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

DIGEST

SB 464 Original | 2026 Regular Session | Barrow

Present law requires a health insurance issuer offering health coverage plans in La. that provides hospital, medical, or surgical benefits for individuals covered under a respective plan to provide coverage for medically necessary expenses for diseases and conditions caused by severe obesity and treatment.

Present law further applies present law only to a health insurance issuer offering health coverage plans in La. to the extent that services are covered by the Essential Health Benefits Benchmark Plan selected by the state in accordance with applicable federal regulations.

Proposed law repeals present law applicability.

Proposed law provides that no later than Aug. 1, 2026, and annually thereafter, each insurer offering a health coverage plan that meets the definition of a "qualified health plan" shall submit to the La. Dept. of Insurance an estimate of the cost to provide the benefits for calendar year 2028, and subsequent years thereafter.

Proposed law provides that no later than Dec. 1, 2026, and annually thereafter, the La. Dept. of Insurance shall publish an estimated cost for the state to defray the cost of covering the services.

Proposed law provides that no later than July 1, 2027, and annually thereafter, the La. Dept. of Insurance shall notify all health insurance issuers and all health plans of the funding ratio calculated by the department along with the minimum coverage standard for the year.
Proposed law provides that, beginning on Jan. 1, 2028, for any plan year during which the published funding ratio meets or exceeds 1.0, no health insurance issuer subject to proposed law shall apply a numerical cap to the services.

Proposed law provides that for any plan year during which the published funding ratio is less than 1.0, a health insurance issuer may apply a numerical cap to the services of no fewer than the product of the minimum coverage standard times the number of member-months from the most recent plan year, rounded up to the nearest whole number.

Proposed law requires any numerical cap to be stated in the health insurance plan documents and to be described using the actual numerical cap and not by reference to a formula.

Effective upon signature of the governor or lapse of time for gubernatorial action.

(Amends R.S. 22:1047(B))