
The original instrument was prepared by Beth O'Quin. The following digest, which does not constitute a part of the legislative instrument, was prepared by Thomas L. Tyler.

SB 90 Engrossed

DIGEST
2022 Regular Session

Robert Mills

Present law provides for health insurance issuer to file annual access plans with the commissioner for each health benefit plan that the issuer offers in the state. Provides that existing, new, or initial filing of policy forms may include network providers and the issuer is to state whether benefits under the health insurance policy do not rely on a network of providers. Issuer's may request the commissioner to consider sections of the access plan to contain proprietary or trade secret information that shall not be made public under the Public Records Law or to contain protected health information that shall not be made public under the Louisiana Insurance Code. 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 provide the plans to any interested party upon request.

Proposed law retains these provisions but removes exceptions involving submission of proof of accreditation to the commissioner.

Present law requires a health insurance issuer providing a health insurance plan, not including excepted benefits policies, to maintain a network that is sufficient in numbers and types of health care providers to ensure that all health care services to covered persons is accessible without unreasonable delay. Places various requirements upon issuers, including the requirements to ensure reasonable proximity of participating providers to furnish all contracted health care services, and to maintain a directory of its network of providers.

Proposed law provides that nothing in present law shall be interpreted to prohibit establishing, by regulation, a set of standards to measure network adequacy, from specifying periodic reporting that demonstrates compliance with the standards and engaging in a targeted review of the adequacy of an insurer's network to meet the needs of its covered persons. The alternative to annual reporting in law is not applicable to the reporting or review in proposed law.

Effective January 1, 2023.

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

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Insurance to the original bill

1. Adds provisions regarding annual filing of access plans by health insurance issuers.