
DIGEST

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HB 312 Original

2016 Regular Session

Davis

Abstract: Abolishes the La. Mandated Health Benefits Commission and eliminates the requirements for periodic reevaluation of and a moratorium on health insurance mandates.

Present law provides for a 17-member La. Mandated Health Benefits Commission within the Dept. of Insurance (DOI). Provides that the duties of the commission shall encompass:

- (1) An optional review of all proposed legislation that would mandate coverage by health insurers of specifically enumerated benefits, services, conditions, or medical products.
- (2) To annually report findings and recommendations, if any, on mandated benefits proposals to the legislature.

Present law specifies the factors that the commission shall consider when reviewing mandated benefits proposals. Provides for staffing by the office of health insurance of DOI.

Requires the commission to meet annually, no later than 60 days prior to the date that the regular session of the legislature convenes for that year, to review mandated benefits proposals received by Jan. 15. Requires the commission to report its findings to the House and Senate insurance committees no later than 30 days prior to the date that the regular session of the legislature convenes. Requires the commission to consider, analyze, and report to the House and Senate committees on insurance prior to the regular legislative session on proposed mandated benefits submitted to the commission after Jan. 15 of each year. Requires the House and Senate insurance committees to consider the commission's report when a mandated benefit proposal is brought before them.

Proposed law abolishes the La. Mandated Benefits Commission.

Present law requires that existing health insurance mandates undergo an actuarial cost analysis by DOI, to be reported to the House and Senate insurance committees prior to commencement of the 2003 Regular Session of the Legislature for their periodic reevaluation. Further requires that any mandate enacted after Jan. 1, 2001, also undergo an actuarial cost analysis by DOI, the results of which shall be reported to the House and Senate committees on insurance prior to commencement of the fourth regular session of the legislature after the regular session in which it was enacted or reenacted for their periodic reevaluation. Further provides that health insurers shall not be required to deliver, issue, or renew a health benefit plan on or after Jan. 1, 2004, and before Dec. 31, 2008, that includes any additional mandated benefit or mandated option beyond those statutory requirements in effect for health benefit plans on July 2, 2003.

Proposed law eliminates present law.

(Repeals R.S. 22:1047, 2186, and 2186.1 and R.S. 36:686(F))