
DIGEST

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Huval

HB No. 989

Abstract: Provides for release of certain group information to the group policyholder or his agent prior to renewal of a group policy.

Present law requires every insurer to notify the policyholder in writing at least 45 days before any increase of 20% or more in the policy rates or at least 60 days before any cancellation or nonrenewal of a policy. Requires every health insurance issuer providing coverage to an employer group comprising more than 100 enrollees to provide the premium rate or amount to be paid to renew the group policy at least 90 days prior to the date of renewal or termination.

Proposed law retains present law.

Proposed law requires every health insurance issuer, including a health maintenance organization, not less than 90 days prior to the renewal of a policy, to release to each group policyholder or agent of a policyholder, claims data upon request and to provide this data within no more than 14 business days of receipt of the request. Provides that the data shall include:

- (1) Net claims paid by month during the policy period.
- (2) Monthly enrollment by employee only, employee and spouse, and employee and family during the policy period.
- (3) The amount of any claims reserve established by the insurance provider against future claims.
- (4) Claims over \$10,000 including claim identifier, the date of occurrence, the amount of claims paid and those unpaid or outstanding, and claimant health condition or diagnosis.
- (5) A complete listing of all potential catastrophic diagnoses and prognoses involving persons covered by the policy.

Proposed law provides that a health and accident insurer that discloses data or information may condition any such disclosure upon the execution of an agreement for immunity from civil liability. Also provides that such insurer shall be immune from civil liability for any acts or omissions of any person's subsequent use of such data or information.

Proposed law does not authorize disclosure of the identity of particular employees nor of their

particular health insurance claim, condition, diagnosis, or prognosis if disclosure would violate any federal or state law.

Proposed law defines "claim identifier" as data that reflects a number designation, including but not limited to an alphabetic or alphanumeric designation which shall not be a name identifier of an employee, employee's spouse, or employee's dependent.

Proposed law provides for its inapplicability to limited benefit insurance.

Proposed law additionally provides for certain certifications that a plan sponsor shall make to a health and accident insurer to receive protected health information.

Effective Jan. 1, 2013.

(Adds R.S. 22:978(E) and (F))

Summary of Amendments Adopted by House

Committee Amendments Proposed by House Committee on Insurance to the original bill.

1. Added provision that a health and accident insurer that discloses data or information may condition any such disclosure upon the execution of a nondisclosure and confidentiality agreement.
2. Added provision that a health and accident insurer that provides data or information shall be immune from civil liability for any acts or omissions of any person's subsequent use of such data or information.
3. Made proposed law inapplicable to limited benefit insurance.
4. Added an effective date of Jan. 1, 2013.

House Floor Amendments to the engrossed bill.

1. Made proposed law additionally applicable to health maintenance organizations.
2. Allowed a health and accident insurer that discloses data or information to condition such disclosure upon the execution of an agreement for immunity from civil liability rather than a disclosure and confidentiality agreement.
3. Added provisions relative to certifications to be made by a plan sponsor to receive protected health information.