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## DIGEST

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Adley

SB No. 173

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 or health maintenance organization (HMO), not less than 90 days prior to the renewal of a policy or contract, to release to each group policyholder or agent of a policyholder, claims data upon request and shall 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, employee and family during the policy period.
- (3) The amount of any claims reserve established by the insurance health and accident insurer or HMO 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 diagnosis and prognosis that will incur future claims over the amount of \$10,000 under the next policy period involving persons covered by the policy.

Proposed law states that it shall not be construed to authorize disclosure of the identity of particular employees or their dependents nor of their particular health insurance claims, conditions, diagnoses, or prognoses if such disclosure would violate any federal or state law. Additionally provides that all information released pursuant to proposed law shall strictly apply to federal law.

Proposed law provides that a small or large group policyholder may only release this information to their producer who is a business associate pursuant to certain federal regulations. Further provides that such information provided to the small or large policyholder shall be considered proprietary and cannot be requested by a producer, health and accident insurer, or HMO.

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

Proposed law provides that it shall not apply to dental insurance.

Effective August 15, 2011.

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

Summary of Amendments Adopted by Senate

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

1. Requires release of claims data to an agent of a policyholder upon request no more than 14 business days of receipt of the request.
2. Defines claim identifier.

Senate Floor Amendments to engrossed bill.

1. Legislative Bureau technical amendment.

Summary of Amendments Adopted by House

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

1. Clarifies that proposed law is applicable to health maintenance organizations and contracts as well as health and accident insurers and policies.
2. Requires a complete listing of all diagnoses and prognoses that will incur future claims over the amount of \$10,000 under the next policy period rather than all potential catastrophic diagnoses and prognoses.
3. Clarifies that the prohibition against disclosure of identity or other individual information shall extend to dependents as well as employees.
4. Adds provision that all information released pursuant to proposed law shall strictly apply to federal law.
5. Adds provisions relative to whom the small or larger group policyholder may release this information, states that it is proprietary, and prohibits request of such information by certain entities.
6. Makes proposed law inapplicable to dental insurance.