

SENATE SUMMARY OF HOUSE AMENDMENTS

SB 173 By Senator Adley**KEYWORD AND SUMMARY AS RETURNED TO THE SENATE**

HEALTH/ACC INSURANCE: Provides relative to release of certain group information to the group policyholder prior to renewal of a group policy. (1/1/2012)

SUMMARY OF HOUSE AMENDMENTS TO THE SENATE BILL

1. Changes effective date from 8/15/2011 to 1/1/2012.
2. Adds definitions of "claim and claimant identifier", "health and accident insurance issuer", "policy", and "policyholder".
3. Lists information items to be included in response to data request when such information is in the claims records.
4. Adds that information released must strictly comply with federal law.
5. Provides relative to immunity from civil liability for the providing of data or information.
6. Excludes dental insurance from proposed law.

DIGEST OF THE SENATE BILL AS RETURNED TO THE SENATE

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 provides that not less than 90 days prior to the renewal of a policy, every health and accident insurance issuer shall release to each group policyholder or producer of a policyholder claims data upon request and shall provide this data within no more than 14 business days of receipt of the request, which shall include the following items when such information is in the claims records:

- (a) The total amount of incurred claims paid by month during the policy period.
- (b) The monthly enrollment by employee only, employee and spouse, employee and family during the policy period.
- (c) The amount of any claims reserve established by the health and accident insurance issuer against future claims under the policy, if applicable.
- (d) Total amounts of incurred claims for each of the following
 - (i) Hospital services.
 - (ii) Professional services.
 - (iii) Prescription drugs.
- (e) Total amounts of incurred claims for each of the following
 - (i) Hospital days.
 - (ii) Physician office visits.
 - (iii) Prescription drugs.

Proposed law further provides that a request under the provisions of the proposed law shall be in writing by any group policyholder or producer requesting the data and shall include a signed statement on a form provided by the health and accident insurance issuer that the requester acknowledges and understands the specific legal obligations regarding receipt and use of protected health

information, is in compliance with such legal obligations, and holds the health and accident insurance issuer harmless in the event of any claims related to the unauthorized use or release of protected health information.

Proposed law provides that a health and accident insurance issuer that provides data or information in compliance with the proposed law shall be immune from civil liability for any acts or omissions.

Proposed law provides that it shall not be construed to authorize the disclosure of the identity of a particular employee, employee's spouse, or employee's dependent covered under the group policy nor the disclosure of any individual employee's, spouse's, or dependent's particular health insurance claim, condition, diagnosis, or prognosis which disclosure would violate federal or state law. All information released shall strictly comply with federal law.

Proposed law provides that the small or large group policyholder may only release the information pursuant to a producer of the small or large group policyholder who is a business associate pursuant to 45 CFR 160.101 et seq. The information provided to the small or large policyholder pursuant to the proposed law shall be considered proprietary and cannot be requested by a producer or health and accident insurance issuer.

Proposed law provides definitions:

(a) "Claim and claimant identifier" shall be defined 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.

(b) "Health and accident insurance issuer" shall mean any entity that offers health and accident insurance coverage through a policy or certificate of insurance subject to state law that regulates the business of insurance. A "health and accident insurance issuer" shall include a health maintenance organization as defined and licensed pursuant to present law.

(c) "Policy" shall mean a health and accident insurance policy or a health maintenance organization contract.

(d) "Policyholder" shall mean the holder of a health and accident policy, a health maintenance organization contract holder, an insured, a subscriber, or an enrollee.

Proposed law provides that its provisions shall not apply to dental insurance.

Effective Jan. 1, 2012.

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

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