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## DIGEST

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HB 237 Original

2019 Regular Session

Chad Brown

**Abstract:** Prohibits discrimination by health insurance issuers in the individual market and small and large group market based on health status.

Proposed law prohibits a group health plan or a health insurance issuer offering group or individual health insurance coverage from imposing any preexisting condition exclusion with respect to the plan or coverage.

Proposed law requires each health insurance issuer that offers health insurance coverage in the individual or group market in La. to accept every employer and individual in the state that applies for coverage, except that an issuer may restrict enrollment in coverage to open or special enrollment periods pursuant to rules and regulations promulgated by the commissioner of insurance.

Proposed law authorizes a health insurance issuer that offers health insurance coverage in the group or individual market through a network plan to do any of the following:

- (1) Limit the employers that may apply for coverage to those with eligible individuals who live, work, or reside in the service area for the network plan.
- (2) Within the service area of the plan, deny coverage to employers or individuals if the issuer has demonstrated to the commissioner of insurance that it will not have the capacity to deliver services adequately and is applying proposed law uniformly to all employers and individuals.

Proposed law requires a health insurance issuer offering health insurance coverage in the individual or group market to renew or continue in force the coverage at the option of the plan sponsor or the individual, as applicable, except that the issuer may nonrenew or discontinue health insurance coverage based only on a failure to pay premiums or contributions, an act or practice that constitutes fraud or an intentional misrepresentation of material fact under the terms of the coverage, or the issuer is ceasing to offer coverage in the market.

Proposed law prohibits a group health plan and a health insurance issuer offering group or individual health insurance coverage from establishing rules for eligibility, including continued eligibility, of any individual to enroll under the terms of the plan based on any of the following health status-related factors in relation to the individual or a dependent of the individual:

- (1) Health status.

- (2) Medical condition, including both physical and mental illnesses.
- (3) Claims experience.
- (4) Receipt of health care.
- (5) Medical history.
- (6) Genetic information.
- (7) Evidence of insurability, including conditions arising out of acts of domestic violence.
- (8) Disability.
- (9) Any other health status-related factor determined appropriate by the commissioner of insurance.

Proposed law requires a health insurance issuer that offers health insurance coverage in the individual or small group market to ensure that the coverage includes all of the following essential health benefits:

- (1) Ambulatory patient services.
- (2) Emergency services.
- (3) Hospitalization.
- (4) Maternity and newborn care.
- (5) Mental health and substance use disorder services, including behavioral health treatment.
- (6) Prescription drugs.
- (7) Rehabilitative and habilitative services and devices.
- (8) Laboratory services.
- (9) Preventive and wellness services and chronic disease management.
- (10) Pediatric services including oral and vision care.

Proposed law prohibits a group health plan and a health insurance issuer offering group or individual health insurance coverage from applying any waiting period that exceeds 90 days.

Proposed law prohibits a group health plan and a health insurance issuer offering group or individual

health insurance coverage in La. from establishing either of the following:

- (1) Lifetime limits on the dollar value of benefits for any participant or beneficiary.
- (2) Annual limits on the dollar value of benefits for any participant or beneficiary, except with respect to plan years beginning prior to Jan. 1, 2014, an issuer shall only establish a restricted annual limit on the dollar value of benefits for any participant or beneficiary with respect to the scope of benefits that are essential health benefits.

Proposed law does not apply to any grandfathered health plan coverage or limited benefit health insurance policies or contracts.

In the event of a conflict between proposed law and any other provision of the La. Insurance Code, the provisions of proposed law shall supersede and control.

Effective upon signature of governor or lapse of time for gubernatorial action.

(Adds R.S. 22:2481-2488)