

2015 Regular Session

HOUSE BILL NO. 702

BY REPRESENTATIVE THIERRY

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

INSURANCE/HEALTH: Requires health insurance issuers to cover contested healthcare services, including prescription drugs, during the appeal or review process

1 AN ACT

2 To enact R.S. 22:2396 and 2397, relative to the appeal or review process for adverse  
3 determinations made by health insurance issuers; to provide with respect to notice  
4 of such determinations; to provide relative to continued coverage of healthcare  
5 services, including prescription drugs, during the appeal or review process; and to  
6 provide for related matters.

7 Be it enacted by the Legislature of Louisiana:

8 Section 1. R.S. 22:2396 and 2397 are hereby enacted to read as follows:

9 §2396. Time for notice of adverse determinations

10 Notwithstanding any other provision of this Chapter to the contrary, notice  
11 of an adverse determination or a final adverse determination shall be provided by a  
12 health insurance issuer to a covered person no later than the thirtieth day before the  
13 date on which the healthcare services that are the subject of the appeal or review will  
14 be discontinued.

15 §2397. Continuation of healthcare services during an appeal or review

16 Notwithstanding any other provision of this Chapter to the contrary, the  
17 procedures for appealing any adverse determination made under this Chapter shall  
18 do all of the following:

- 19 (1) Require that coverage or benefits for the contested healthcare services,  
20 including prescription drugs, that are the subject of the adverse determination

1 continues under the covered person's health benefit plan while the appeal or review  
2 is being considered to the same extent and in the same manner as if no adverse  
3 determination had been made or upheld.

4 (2) Require, without regard to whether the adverse determination is upheld  
5 on appeal or review, any health insurance issuer to cover the contested healthcare  
6 services, including prescription drugs, received during the period that the appeal was  
7 considered to the same extent and in the same manner, including the same benefit  
8 level, as if no adverse determination had been made or upheld.

9 (3) Prohibit, without regard to whether the adverse determination is upheld  
10 on appeal or review, any health insurance issuer from recouping, based upon an  
11 adverse determination, any payment made to a healthcare provider pursuant to the  
12 continued coverage or benefits specified in Paragraphs (1) and (2) of this Section.

13 Section 2. This Act shall apply only to an adverse determination made in relation to  
14 coverage or benefits under a health benefit plan delivered, issued for delivery, or renewed  
15 on or after January 1, 2016. This Act shall not apply to an adverse determination made in  
16 relation to coverage or benefits under a health plan delivered, issued for delivery, or  
17 renewed before January 1, 2016.

18 Section 3. This Act shall become effective on January 1, 2016.

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DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

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HB 702 Original

2015 Regular Session

Thierry

**Abstract:** Requires a health insurance issuer to cover contested healthcare services, including prescription drugs, during the appeal or review of an adverse determination.

Present law provides for various levels of review and appeal of adverse determinations by health insurance issuers. Generally defines an adverse determination as the denial, reduction, termination, or failure to pay or provide for a benefit under a covered person's health benefit plan.

Proposed law provides that, notwithstanding any other provision of present law to the contrary, notice of an adverse determination or a final adverse determination shall be provided by a health insurance issuer to a covered person no later than the thirtieth day

before the date on which the healthcare services that are the subject of the appeal or review will be discontinued.

Proposed law provides that, notwithstanding any other provision of present law to the contrary, the procedures for appealing any adverse determination shall:

- (1) Require that coverage or benefits for the contested healthcare services, including prescription drugs, that are the subject of the adverse determination continues under the covered person's health benefit plan while the appeal or review is being considered to the same extent and in the same manner as if no adverse determination had been made or upheld.
- (2) Require, without regard to whether the adverse determination is upheld on appeal or review, any health insurance issuer to cover the contested healthcare services, including prescription drugs, received during the period that the appeal was considered to the same extent and in the same manner, including the same benefit level, as if no adverse determination had been made or upheld.
- (3) Prohibit, without regard to whether the adverse determination is upheld on appeal or review, any health insurance issuer from recouping, based upon an adverse determination, any payment made to a healthcare provider pursuant to the continued coverage or benefits specified in proposed law.

Proposed law provides that it shall apply only to an adverse determination made in relation to coverage or benefits under a health benefit plan delivered, issued for delivery, or renewed on or after Jan. 1, 2016, and shall not apply to an adverse determination made in relation to coverage or benefits under a health plan delivered, issued for delivery, or renewed before Jan. 1, 2016.

Effective on January 1, 2016.

(Adds R.S. 22:2396 and 2397 )