

## PART VII. LOUISIANA MANDATED HEALTH BENEFITS COMMISSION

## §2186. Purpose; legislative intent

There are currently approximately twenty statutes in Louisiana that mandate coverage in health insurance plans for various services, plus other laws that mandate coverage for services rendered by certain types of providers or that mandate health insurers to offer certain benefits. Mandated benefits represent a volatile issue for the legislature. Proponents cite the need of certain individuals for such benefits and the possible public good, while opponents express concern about additional cost to consumers and employers and the potential effect of those costs on the level of uninsured in the state.

The legislature recognizes the need for a more studied approach to consideration of such measures, an approach that would ensure that broad-based views of healthcare stakeholders, including consumers, employers, health care providers, and others, are considered.

Acts 2010, No. 549, §1.

### §2186.1. Louisiana Mandated Health Benefits Commission

A. The Louisiana Mandated Health Benefits Commission is hereby created, and shall exercise its powers, duties, functions, and responsibilities in the manner provided in R.S. 36:802. The commission shall be staffed by the office of health insurance of the Department of Insurance, assisted by the legislative staffs of the House and Senate committees on insurance.

B. The commission shall be comprised of the following members representing the diverse interest of business, consumers and health care providers:

(1) Voting members, who shall serve without compensation, as follows:

(a) A representative of AARP.

(b) A representative of the Louisiana AFL-CIO.

(c) A representative of the Louisiana Coalition for Maternal and Infant Health.

(d) A representative of the Louisiana Association of Business and Industry.

(e) A representative of the Louisiana Association of Health Plans.

(f) A representative of the Louisiana Association of Health Underwriters.

(g) A representative of the Louisiana Business Group on Health.

(h) A representative of the Louisiana Hospital Association.

(i) A representative of the Louisiana State Medical Society.

(j) A representative of the National Federation of Independent Business.

(k) A representative of the National Association of Insurance and Financial Advisors.

(l) A representative of the Office of Group Benefits.

(m) An additional consumer representative, appointed by the chairman of the Senate Committee on Insurance.

(n) An additional consumer representative, appointed by the chairman of the House Committee on Insurance.

(o) A representative of the Louisiana Small Business Association.

(p) A representative of the Chiropractic Association of Louisiana.

(q) A representative of the Louisiana Independent Pharmacies Association.

(r) A representative of the Louisiana Orthopaedic Association.

(2) Ex officio members, who shall be nonvoting members, as follows:

(a) A member of the Senate Committee on Insurance, appointed by the chairman of that committee.

(b) A member of the House Committee on Insurance, appointed by the chairman of that committee.

(3) Other nonvoting members, as follows:

(a) A representative of the legislative fiscal office.

(b) An actuary appointed by the commissioner of insurance.

C. The commission shall conduct its duties under the direction of the commissioner of insurance. The commission shall elect its own chair, who shall preside at meetings, and a vice chair, who shall preside in the absence of the chair. The commission shall conduct its business according to *Robert's Rules of Order*. A quorum for conducting business shall be a majority of the voting members. Recommendations of the commission shall be determined by simple majority vote of the voting members present. The commission is authorized to create further rules in compliance with state law for the conduct of its business.

D. The duties of the commission may encompass:

(1) An optional review of all proposed legislation that would mandate coverage by health insurance issuers of specifically enumerated benefits, services, conditions, or medical products. For purposes of this Section, such legislation shall be referred to as "mandated benefits proposals".

(2) To annually report findings and recommendations, if any, on mandated benefits proposals to the legislature.

E. The commission shall consider the following factors when reviewing mandated benefits proposals:

(1) Medical impacts, including:

(a) Whether the service or product is generally recognized in the medical community as effective in screening, diagnosis, or treatment of a condition, as demonstrated by a review of scientific and peer-reviewed medical literature.

(b) Whether the service or product is currently utilized by treating health care providers.

(2) Social impacts, including:

(a) The level of public demand for the coverage of the service or product.

(b) The extent to which coverage for the service or product is already being provided.

(c) Projected short-term and long-term good for the state and its people.

(3) Financial impacts, including:

(a) The projected cost of providing coverage of the service or product, the projected effect of such mandated coverage on health insurance premiums, and the potential impact of additional costs on the level of uninsured in the state.

(b) The projected increase in utilization of the service or product.

(c) The projected cost savings produced by providing coverage of the service or product.

F.(1) The commission shall meet annually, no later than sixty days prior to the date that the regular session of the legislature convenes for that year to review proposals received by January fifteenth.

(2) Additional meetings may be held at other times during the year, if necessary, to properly consider mandated benefit proposals.

(3) Notice of commission meetings shall be made according to state law.

(4) The commission shall report its findings to the House and Senate committees on insurance no later than thirty days prior to the date that the regular session of the legislature convenes.

(5) The commission shall, as soon as practicable, consider, analyze and report to the House and Senate committees on insurance prior to the regular legislative session on proposed mandated benefits submitted to the commission after January fifteenth each year.

(6) The House and Senate committees on insurance shall take into account the commission's report on a particular mandated benefit proposal when such proposal is brought before the committees for consideration.

G. The commission shall provide an opportunity for any interested person to present information regarding a mandated benefit proposal as part of the commission's consideration of a proposal and prior to the commission's report to the legislature. The commission may, as it deems appropriate, request reports related to proposed mandated benefits from persons outside the commission.

Acts 2010, No. 549, §1.