

SUBJECT: Requiring health insurers to provide designated contact person

COMMITTEE: Insurance — committee substitute recommended

VOTE: 7 ayes — Smithee, Averitt, Burnam, G. Lewis, Moreno, Olivo, Seaman
0 nays
2 absent — Eiland, Thompson

SENATE VOTE: On final passage, April 20 — 30-0, on Local and Uncontested Calendar

WITNESSES: None

DIGEST: CSSB 1181 would require the issuer of a health-benefit plan, if requested by an insured or enrollee of the plan, to identify an employee of the insurer who would be available to respond to communications and questions from the insured or enrollee relating to health-plan coverage and benefits. The health-plan issuer would have to provide the insured or enrollee with the designated employee's name or employee identifier, mailing address, business city and state location, and job title.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2001.

SUPPORTERS SAY: SB 1181 would help decrease the confusion and frustration of insured people who must communicate with the issuers of their health-benefit plans on questions relating to health benefits and benefit determinations. Contact with insurers often consists of several conversations or written communications. It is easier for an insured person to deal with the same employee of the health-plan issuer for each communication. SB 1181 would require the insurer to provide enough information for the insured to be able to get in touch with a regular contact person conveniently to check on the progress of the insured's requests or complaints.

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OPPONENTS
SAY: No apparent opposition.

NOTES: The Senate engrossed version of SB 1181 would have required the insurer to provide only the designated employee's name, business address, and job title to the insured person or enrollee.