AMENDMENT NO. 1
On page 1, line 2, change "amend and reenact R.S. 42:802(B)(6) and to enact R.S. 24:653(H)(3)" to "enact R.S. 42:812"

AMENDMENT NO. 2
On page 1, line 3, after "to provide for" delete the remainder of the line and delete lines 4 through 6 and on line 7 delete "appeal subcommittee;" and insert:
"requirements for health plans; to provide for information on denied prior authorizations be transmitted to healthcare providers;"

AMENDMENT NO. 3
On page 1, line 10, change "R.S. 24:653(H)(3)" to "R.S. 42:812"

AMENDMENT NO. 4
On page 1, delete lines 11 through 17 and delete page 2 and on page 3, delete lines 1 and 2 and insert:
§812. Transparency in prior authorizations
A. Beginning January 1, 2023:
(1) The office shall require every health plan offered through the office to furnish in writing, within twenty-four hours of a written or oral request by a healthcare provider or covered person, the medical criteria and any other requirements that must be satisfied in order for a particular healthcare service, procedure, or prescription drug to be prior authorized by the health plan.
(2) Upon the denial of a prior authorization by a health plan offered through the office, the office shall require the health plan to provide with the written notification of the denial either a copy of the applicable law, regulation, policy, procedure, or medical criterion or guideline that was used by the health plan in the determination to deny the prior authorization or instructions on how to access such law, regulation, policy, procedure, or medical criterion or guideline on the website of the health plan that is publicly accessible.
B. The office may adopt rules in accordance with the Administrative Procedure Act as are necessary for the implementation of this Section.

AMENDMENT NO. 5
On page 3, line 3, change "Section 3." to "Section 2."