INSURANCE/HEALTH: Provides relative to the dispensing of contraceptives

AN ACT

To enact Subpart E of Part I of Chapter 5-E of Title 40 of the Louisiana Revised Statutes of 1950, to be comprised of R.S. 40:1248.21, relative to the dispensation of contraceptives; to provide for the Louisiana Department of Health relative to requiring health plans of the state Medicaid program to provide reimbursement for a six-month supply of contraceptive drugs dispensed at one time; to provide for a required usage period; to provide for definitions; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. Subpart E of Part I of Chapter 5-E of Title 40 of the Louisiana Revised Statutes of 1950, comprised of R.S. 40:1248.21, is hereby enacted to read as follows:

SUBPART E. MEDICAID COVERAGE FOR CONTRACEPTIVES

§1248.21. Dispensation of contraceptive drugs; six-month supply; coverage

A. The Louisiana Department of Health shall require all Medicaid health plans issued or renewed in this state on or after January 1, 2023, to include the dispensing of a six-month supply of contraceptive drugs to be obtained at one time by the insured, unless the insured requests a smaller supply or the prescribing provider instructs for the insured to receive a smaller supply. The insured shall have used the same contraceptive drugs for at least the consecutive six months prior to receiving a six-month supply. Contracts with managed care plans shall allow the insured to receive onsite dispensing of the prescribed contraceptive drugs at family
practice clinics, if available. Dispensing practices shall follow all clinical guidelines for appropriate prescribing and dispensing to ensure the health of the insured while maximizing access to effective contraceptive drugs.

B. For purposes of this Section, "contraceptive drugs" means all drugs approved by the United States Food and Drug Administration that are used to prevent pregnancy including but not limited to hormonal drugs administered orally, transdermally, and intravaginally.

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)]

HB 557 Reengrossed 2022 Regular Session Willard

Abstract: Requires Medicaid health plans to reimburse for a six-month supply of contraceptive drugs dispensed at one time.

Proposed law requires Medicaid health plans to reimburse for a six-month supply of contraceptive drugs to be obtained at once by the insured, unless the insured requests a smaller supply or the prescribing provider instructs for the insured to receive a smaller supply. Further requires the insured to have used the same contraceptive drugs for at least the consecutive 6 months prior to receiving a six-month supply.

Proposed law requires Medicaid health plans to allow the insured to receive the contraceptive drugs onsite at family practice clinics, if available. Further requires dispensing practices to follow all clinical guidelines for appropriate prescribing and dispensing to ensure the health of the insured while maximizing access to effective contraceptive drugs.

Proposed law defines "contraceptive drugs".

(Adds R.S. 40:1248.21)

Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Insurance to the original bill:

1. Clarify that the dispensing of contraceptive drugs onsite at the provider's office is required if the prescribing provider is contracted with the health coverage plan or the plan's pharmacy benefit manager to dispense outpatient prescription drugs through the plan's pharmacy benefit.

2. Change the disbursement of contraceptive drugs from a 12-month supply to a six-month supply.

3. Decrease the time frame for which the insured is required to have consecutively used the contraceptive drugs from 12 months to six months.
The House Floor Amendments to the engrossed bill:

1. Remove language to apply proposed law exclusively to Medicaid health plans.
2. Make technical changes.