To enact R.S. 42:812, relative to the Office of Group Benefits; to provide for requirements for health plans; to provide for information on denied prior authorizations be transmitted to healthcare providers; to provide for an effective date; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 42:812 is hereby enacted to read as follows:

§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 or provide electronically, within one business day of a written or oral request by a healthcare provider, 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.

Section 2. This Act shall become effective on July 1, 2022; if vetoed by the governor and subsequently approved by the legislature, this Act shall become effective on the day following such approval by the legislature or July 1, 2022, whichever is later.

PRESIDENT OF THE SENATE

SPEAKER OF THE HOUSE OF REPRESENTATIVES

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: ____________