

HOUSE SUMMARY OF SENATE AMENDMENTS**HB 1151****2016 Regular Session****Robert Johnson**

INSURANCE/HEALTH: Provides relative to notice and appeal of a change in coverage of medically necessary prescription drugs and intravenous infusions

Synopsis of Senate Amendments

1. Deletes conflicting provision, clarifying that notice of a proposed change in coverage shall only be required if the health insurance issuer has covered the drug or intravenous infusion for the insured for at least the preceding 60 days.
2. Changes a reference from "prescription drug" to "prescription drug or intravenous infusion".

Digest of Bill as Finally Passed by Senate

Proposed law requires that a health insurance issuer proposing to change its coverage of a particular prescription drug or intravenous infusion based on medical necessity give notice of the proposed change to an insured currently using that prescription drug or intravenous infusion who the health insurance issuer determines the change may affect if the health insurance issuer has covered the drug or intravenous infusion for the insured for at least the preceding 60 days. Requires that any such notice be sent at least 60 days prior to the effective date of the proposed change.

Proposed law further provides that any insured receiving such a notice from a health insurance issuer shall have the right to appeal the proposed change during the 60-day notification period in accordance with present law, the state's appeals law, the Internal Claims and Appeals Process and External Review Act. Also requires that, in filing such an appeal, the insured shall document that his physician or authorized prescriber considers continued use of the drug or intravenous infusion to be medically necessary.

Proposed law makes certain technical changes, in particular to references and citations to present law, the state's appeals law, the Internal Claims and Appeals Process and External Review Act.

Proposed law provides that it shall apply only to a health benefit plan delivered, issued for delivery, or renewed on or after Jan. 1, 2017, and shall not apply to a health benefit plan delivered, issued for delivery, or renewed before Jan. 1, 2017.

Effective January 1, 2017.

(Amends R.S. 22:1060.4(A)(intro. para.) and (B); Adds R.S. 22:1060.3(C))