

RÉSUMÉ DIGEST

ACT 579 (SB 282)

2018 Regular Session

Mills

New law defines "excess consumer cost burden", "health benefit plan", "plan", "benefit", or "health insurance coverage", "health insurance issuer", and "rebates".

New law requires certain health insurance issuers to notify enrollees and prospective enrollees that they may be subject to an excess consumer cost burden when an enrollee is charged more for a prescription drug than his issuer pays or would pay after accounting for the issuer's estimate of at least 50% of future rebate payments for the enrollee's actual point of sale prescription drug claim.

New law requires certain health insurance issuers to annually make available to the commissioner of insurance information regarding the value of rebates expressed as a percentage that the health insurance issuer made available to enrollees at the point of sale.

New law prohibits a health insurance issuer from publishing or otherwise revealing information regarding the actual amount of rebates the health insurance issuer receives, including but not limited to information regarding the amount of rebates it receives on a product, manufacturer, or pharmacy specific basis. New law provides that such information is a trade secret, is not a public record as defined under prior law (Public Records Law), and will not be disclosed directly or indirectly.

New law requires a health insurance issuer to impose the confidentiality protections of new law on any third parties or vendors with which it contracts that may receive or have access to rebate information.

New law applies to health insurance issuers that offer or renew health benefit plans for sale in the state on or after Jan. 1, 2020.

Effective August 1, 2018.

(Amends R.S. 44:4.1(B)(11); adds R.S. 22:976)