

RÉSUMÉ DIGEST

ACT 431 (SB 94)

2021 Regular Session

Harris

Prior law provided for regulations and definitions for third-party administrators, defining "pharmacy benefit manager" as a person, business, or other entity and any wholly or partially owned or controlled subsidiary of the entity that administers a pharmacy benefit management plan.

New law retains this provision but allows administrator either directly or through an intermediary manager.

New law retains prior law and specifies that for the definition of "pharmacy benefit manager", the management or administration of a benefit plan may include review, processing of drug prior authorization requests, adjudication of appeals and grievances related to the prescription drug benefit, contracting with network pharmacies, and controlling the cost of covered prescription drugs.

New law provides for fairness in enrollee cost-sharing. Defines terms for purposes of proposed law, including "cost-sharing requirement", "enrollee", "health benefit plan", "healthcare services", "health insurance issuer", and "person".

New law provides that when calculating an enrollee's contribution to any applicable cost-sharing requirement, a health insurance issuer shall include any cost sharing amounts paid by the enrollee or on behalf of the enrollee by another person.

New law provides that in implementing the requirements of new law, the state shall regulate a health insurance issuer only to the extent permissible under applicable law. Allows the commissioner of insurance to promulgate rules and regulations necessary to implement new law.

Effective upon signature of the governor (June 21, 2021).

(Amends R.S. 22:1641(8); adds R.S. 22:976.1)