



Proposed law requires the commissioner to submit an annual report that provides information regarding prior authorization practices on or before March 15th to the Senate and House Committees on Insurance.

Proposed law requires a health insurance issuer to annually publish a list of all items and services that are subject to prior authorization and include this information prior to open enrollment on its publicly available website, and to timely update any changes made to prior authorization requests.

Proposed law requires a health insurance issuer to include a web address on any application or enrollment materials that are distributed by a health coverage plan.

Proposed law requires a health insurance issuer to provide contract materials including items and services subject to prior authorization and any policy or procedures used to determine prior authorization to any provider or supplier who seeks to participate under a health coverage plan.

Effective upon signature of the governor or lapse or last of time for gubernatorial action.

(Adds R.S. 22:1020.62)

#### Summary of Amendments Adopted by Senate

##### Committee Amendments Proposed by Senate Committee on Insurance to the original bill

1. Removes office of group benefits from the definition of health issuer insurer.
2. Makes technical changes.

#### Summary of Amendments Adopted by Senate

##### Senate Floor Amendments to engrossed bill

1. Adds dental insurance plans to the definition of health coverage plan.
2. Makes a technical change.