

<b>FOR OFFICE USE ONLY</b>	

**HOUSE FLOOR AMENDMENTS**

2023 Regular Session

Amendments proposed by Representative Pressly to Engrossed House Bill No. 468 by Representative Pressly

1 AMENDMENT NO. 1

2 On page 3, line 1, after "means" insert "an ambulance service as defined in R.S. 40:1131,"

3 AMENDMENT NO. 2

4 On page 3, line 2, after "healthcare facility" insert comma ","

5 AMENDMENT NO. 3

6 On page 4, line 17, after "hours." delete the remainder of the line and insert in lieu thereof  
7 "Not later than the next business day after"

8 AMENDMENT NO. 4

9 On page 4, line 20, delete "a utilization review determination." and insert in lieu thereof "its  
10 utilization review determination for the specific item or service for which the provider  
11 requested authorization. A health insurance issuer's referring of the provider to the specific  
12 criteria by electronic means is sufficient to meet the requirements of this Subsection."

13 AMENDMENT NO. 5

14 On page 5, line 27, change "representative" to "authorized representative"

15 AMENDMENT NO. 6

16 On page 6, delete lines 1 through 5 in their entirety and insert in lieu thereof the following:

17 "B.(1) For prior authorization determinations, a health insurance issuer or  
18 utilization review entity shall offer an expedited review by electronic means to the  
19 provider requesting prior authorization. When such a request is made by the  
20 provider, the health insurance issuer shall electronically communicate its decision  
21 to the provider as soon as possible, but not more than forty-eight hours from receipt  
22 of the request. If additional information is needed and requested for the health  
23 insurance issuer or utilization review entity to make its determination, the issuer or  
24 entity shall electronically communicate its decision to the provider as soon as  
25 possible, but not more than forty-eight hours from receipt of the required additional  
26 information.

27 (2) For any requests from a provider for prior authorization for which the  
28 health insurance issuer does not receive a request for expedited review, the health  
29 insurance issuer shall communicate its decision on the prior authorization request no  
30 more than five business days from the receipt of the request. If additional  
31 information is needed and requested for the health insurance issuer to make its  
32 determination, the health insurance issuer shall communicate its decision to the  
33 provider no more than five business days from receipt of the additional information."

1 AMENDMENT NO. 7

2 On page 6, line 6, change "(2)" to "(3)"

3 AMENDMENT NO. 8

4 On page 6, line 8, after "determination" insert a period "." and delete the remainder of the  
5 line and delete lines 9 through 22 in their entirety

6 AMENDMENT NO. 9

7 On page 7, line 16, after "written" insert "or electronic"

8 AMENDMENT NO. 10

9 On page 7, line 19, after "determination." delete the remainder of the line and delete lines  
10 20 through 22 in their entirety

11 AMENDMENT NO. 11

12 On page 8, line 5, delete "this Section" and insert in lieu thereof "Subsection B of this  
13 Section"

14 AMENDMENT NO. 12

15 On page 8, line 24, after "shall provide" delete the remainder of the line and insert in lieu  
16 thereof "the information required in R.S. 22:1260.44(E)." and delete lines 25 through 27 in  
17 their entirety

18 AMENDMENT NO. 13

19 On page 9, line 4, delete "an appeal by" and insert in lieu thereof "a"

20 AMENDMENT NO. 14

21 On page 9, delete lines 5 through 13 in their entirety and insert in lieu thereof the following:

22 "deny, the health insurance issuer shall appoint a licensed healthcare  
23 practitioner similar in education and background or a same-or-similar specialist to  
24 conduct the peer review with the requesting provider. To be considered a  
25 same-or-similar specialist, the reviewing specialist's training and experience shall  
26 meet the following criteria:

27 (a) Treating the condition.

28 (b) Treating complications that may result from the service or procedure.

29 (2) The criteria set forth in Paragraph (1) of this Subsection are sufficient for  
30 the specialist to determine if the service or procedure is medically necessary or  
31 clinically appropriate. For the purpose of this Subsection, "training and experience"  
32 refers to the practitioner's clinical training and experience.

33 (3) When the peer review is requested by a physician, the health insurance  
34 issuer shall appoint a physician to conduct the review. The health insurance issuer  
35 shall notify the physician of its peer review determination within two days of the date  
36 of the peer review."

37 AMENDMENT NO. 15

38 On page 9, line 25, after "provider" insert a period "." and delete the remainder of the line

1 AMENDMENT NO. 16

- 2 On page 10, line 21, after "effective" insert "on January 1, 2024." and delete the remainder  
3 of the line and delete lines 22 through 25 in their entirety