RÉSUMÉ DIGEST

ACT 333 (SB 188) **2023 Regular Session** **Stine**

Existing law provides requirements for utilization review.

New law retains existing law but defines "health coverage plan", "healthcare provider", "health insurance issuer", "healthcare services", and "prior authorization" but excludes the office of group benefits from the definition of "health insurance issuer".

New law requires health insurance issuers to submit an annual report that provides a quarterly breakdown that includes the following items:

(1) List of all items and services that require prior authorization.

(2) Percentage of standard prior authorizations that were approved, aggregated for all items and services.

(3) Percentage of standard prior authorizations that were denied, aggregated for all items and services.

(4) Percentage of standard prior authorizations that were approved after appeal, aggregated for all items and services.

(5) Percentage of prior authorization requests when the timeframe for review was extended, and the prior authorization requests were approved, aggregated for all items and services.

(6) Percentage of expedited prior authorization requests that were approved, aggregated for all items and services.

(7) Percentage of prior authorization requests that were denied, aggregated for all items and services.

(8) An average and median time that elapsed for all standard prior authorization requests and the time between submitting a standard authorization request, and the time a determination was made by a health insurance issuer, aggregated for all items and services.

(9) The average and median time for an expedited review regarding a prior authorization request and the time between submitting the expedited request and the time a decision was made by a health insurance issuer, aggregated for all items and services.

New law requires the commissioner of insurance to submit an annual report providing information regarding prior authorization practices to the legislative committees on insurance.

New law requires a health insurance issuer to annually publish a list of all items and services 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.

New 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.

New 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 authorizations to any provider or supplier who seeks to participate under a health coverage plan. Authorizes a health insurance issuer to refer providers or suppliers to a listing or link on its website.

New law conflicts between the provisions of the Act that originated as HB No. 468, Act 312 of the 2023 Regular Session supercedes and controls relative to any conflict with Acts 2023, No. 312.

Effective on January 1, 2024.

(Adds R.S. 22:1020.62 and 1260.41(10))