
DIGEST

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HB 849 Original

2016 Regular Session

Robert Johnson

Abstract: Provides a time frame for appeals of adverse determinations made regarding the medical necessity of prescription drugs and intravenous infusions.

Present law provides for various levels of review and appeal of adverse determinations by health insurance issuers. Generally defines an adverse determination as the denial, reduction, termination, or failure to pay or provide for a benefit under a covered person's health benefit plan.

Proposed law provides that, notwithstanding any other provision of present law to the contrary, when an adverse determination has been made by a health insurance issuer regarding the medical necessity of prescription drugs and intravenous infusions for a covered person who has been provided with such drugs or infusions for at least 90 days prior to such determination, notice shall be provided to the covered person no later than the 60th day before the date on which such prescription drugs and intravenous infusions will be discontinued.

Proposed law further provides that, notwithstanding any other provision of present law to the contrary, any appeal made pursuant to proposed law shall be an expedited review conducted pursuant to present law and shall be completed no later than the 60th day before the date on which such prescription drugs and intravenous infusions will be discontinued.

Proposed law provides that it shall apply only to an adverse determination made in relation to coverage or benefits under a health benefit plan delivered, issued for delivery, or renewed on or after Jan. 1, 2017, and shall not apply to an adverse determination made in relation to coverage or benefits under a health plan delivered, issued for delivery, or renewed before Jan. 1, 2017.

Effective on January 1, 2017.

(Adds R.S. 22:2396)