

---

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

---

SB 285 Engrossed

2018 Regular Session

Gary Smith

Present law defines "health insurance issuer" as an entity that offers a health benefit plan through a policy, contract, or certificate of insurance subject to state law that regulates the business of insurance.

Present law defines "prescription drug" as any of the following:

- (1) A substance for which federal or state law requires a prescription before the substance may be legally dispensed to the public.
- (2) A drug or device that under federal law is required, before being dispensed or delivered, to be labeled with the statement: "Caution: Federal law prohibits dispensing without prescription" or "Rx only" or another legend that complies with federal law.
- (3) A drug or device that is required by federal or state statute or regulation to be dispensed on prescriptions or that is restricted to use by a physician or other authorized prescriber.

Proposed law prohibits a health insurance issuer from denying coverage of a nonopioid prescription drug in favor of an opioid prescription drug.

Proposed law further prohibits an insurer, when opioids are deemed medically necessary by a licensed physician, from denying the medication prescribed by the physician and recommending an alternative prescription which requires any of the following:

- (1) An increased number of pills per prescription, unless the recommended substitution is consistent with the U.S. Centers for Disease Control and Prevention prescribing guidelines for opioids.
- (2) A higher Drug Enforcement Administration schedule medication than the one prescribed.
- (3) The substitution of an extended release medication that does not have defined abuse deterrent properties for a prescription of a medication that does have defined abuse deterrent properties.

Effective August 1, 2018.

(Adds R.S. 22:1060.7)

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Health and Welfare to the original bill

1. Clarifies that a health insurance issuer may not substitute a prescription with an extended release medication that does not have defined abuse deterrent properties for a prescription of a medication that does have defined abuse deterrent properties.

Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Insurance to the engrossed bill:

1. Authorize an insurer to recommend an alternative prescription which requires an increased number of pills per prescription if the recommended substitution is consistent with the U.S. Centers for Disease Control and Prevention prescribing guidelines for opioids.