

2019 Regular Session

HOUSE BILL NO. 119

BY REPRESENTATIVE BISHOP

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

INSURANCE/HEALTH: Provides relative to the denial of a prescription based upon step therapy or fail first protocols or nonformulary status

1 AN ACT

2 To amend and reenact R.S. 22:1053(A) and (D) and 1060.2(introductory paragraph) and to
3 enact R.S. 22:1053(E) and 1060.2(4), relative to the coverage of prescription drugs
4 through a formulary; to require an insurer to provide a prescriber with a list of the
5 alternative disease-specific formulary medications; and to provide for related
6 matters.

7 Be it enacted by the Legislature of Louisiana:

8 Section 1. R.S. 22:1053(A) and (D) and 1060.2(introductory paragraph) are hereby
9 amended and reenacted and R.S. 22:1053(E) and 1060.2(4) are enacted to read as follows:

10 §1053. Requirement for coverage of step therapy or fail first protocols

11 A. ~~Notwithstanding the provisions of R.S. 22:1047 to the contrary, any~~ Any
12 ~~health care~~ coverage plan specified in Subsection ~~D~~ E of this Section which includes
13 prescription benefits as part of its policy or contract, which utilizes step therapy or
14 fail first protocols, and which is issued for delivery, delivered, renewed, or otherwise
15 contracted for in this state on or after January 1, 2011, shall comply with the
16 provisions of this Section.

17 * * *

18 D.(1) If a prescribed drug is denied by a health coverage plan based upon
19 step therapy or fail first protocols, the health coverage plan shall provide the
20 prescriber with a list of the alternative disease-specific formulary medications in
21 writing and attached to the letter of denial of prescription drug coverage.

Proposed law retains present law but makes technical changes including the removal of a reference to a repealed statute.

Proposed law further requires, if a prescribed drug is denied by a health coverage plan based upon step therapy or fail first protocols, the health coverage plan to provide the prescriber with a list of the alternative disease-specific formulary medications in writing and attached to the letter of denial of prescription drug coverage.

Present law sets forth required actions by the issuer of a health benefit plan that covers prescription drugs and uses one or more drug formularies to specify the prescription drugs covered under the plan.

Proposed law retains present law and adds the requirement that, if a prescribed drug is denied based upon the drug's nonformulary status, the issuer shall provide the prescriber with a list of the alternative disease-specific formulary medications in writing and attached to the letter of denial of prescription drug coverage.

Simple notification of the availability and location of the formulary shall not be deemed sufficient to meet the requirements of proposed law.

(Amends R.S. 22:1053(A) and (D) and 1060.2(intro. para.); Adds R.S. 22:1053(E) and 1060.2(4))