## **RÉSUMÉ DIGEST**

## **ACT 206 (HB 119)**

## **2019 Regular Session**

**Bishop** 

<u>Prior law</u> required, notwithstanding the provisions of <u>prior law</u> to the contrary, any health coverage plan which included prescription benefits as part of its policy or contract, which utilized step therapy or fail first protocols, and which was issued for delivery, delivered, renewed, or otherwise contracted for in this state on or after Jan. 1, 2011, to comply with the provisions of prior law.

<u>New law</u> retains <u>prior law</u> but makes technical changes including the removal of a reference to a repealed statute.

<u>New law</u> 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 comparable formulary medications in writing and attached to the letter of denial of prescription drug coverage or through the use of electronic notification if the provider utilizes electronic health records.

<u>Existing law</u> 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.

<u>New law</u> 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 comparable formulary medications in writing and attached to the letter of denial of prescription drug coverage or through the use of electronic notification if the provider utilizes electronic health records.

<u>New law</u> further requires, if a provider prescribes a noncovered drug, the issuer to notify the provider of a covered drug in the same class and used for the same treatment as the prescribed noncovered drug.

It is sufficient to meet the requirements of <u>new law</u> if the issuer of the health coverage plan or health benefit plan includes the required information in the denial letter sent by the health coverage plan or its agent.

Simple notification of the availability and location of the formulary shall not be deemed sufficient to meet the requirements of <a href="new law">new law</a>.

The provisions of <u>new law</u> regarding notices that are sent in a manner other than electronically shall not be enforceable against any health insurance issuer or health maintenance organization for acts taking place prior to July 1, 2020.

Effective on January 1, 2020.

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