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The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Christine Arbo Peck.

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SB 59 Original	DIGEST 2020 Regular Session	Fred Mills
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Present law provides certain requirements for implementation of step therapy or fail first protocols utilized by any health coverage plan.

Proposed law retains present law and adds further requirements for the development of the step therapy or fail first protocol to be based on clinical review criteria and clinical practice guidelines that are developed and endorsed by a multidisciplinary panel of experts based on certain identified criteria.

Proposed law does not require the health coverage plan to establish a new entity to develop clinical review criteria.

Present law provides for a step therapy or fail first protocol override process to be utilized by prescribing physicians.

Proposed law retains present law relative to the override process, expands the accessibility of the process to the health coverage plan's website, and changes the designation of the prescriber from a prescribing physician to a prescribing practitioner and changes the designation of the effected individual from insured to patient.

Present law provides opportunity for the prescriber to demonstrate to the health coverage plan that the preferred treatment has been ineffective in treating the disease or mental condition of the insured.

Proposed law retains present law and provides additional criteria in which a prescriber can demonstrate that the patient tried the required prescription drug under a current or prior health coverage plan, or another drug in the same drug class, and it was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event.

Present law provides the prescriber with an opportunity to demonstrate to the health coverage plan that the preferred treatment will cause or will likely cause an adverse reaction or other physical harm to the patient.

Proposed law retains present law and further allows the prescriber to demonstrate that the preferred treatment is contraindicated or will cause mental harm to the patient, that the patient is stable on a certain prescription drug, or that the preferred drug is not in the best interest of the patient based on medical necessity.

Proposed law provides that a health coverage plan shall approve or deny a step therapy or fail first

protocol override request within 72 hours of receipt. Proposed law provides that in exigent circumstances, the health coverage plan shall approve or deny a step therapy or fail first protocol override request within 24 hours of receipt. Proposed law provides that failure by a health coverage plan to comply with the timelines in proposed law shall cause the override request to be considered approved.

Proposed law provides that if a health coverage plan denies an override request, the health coverage plan shall provide the prescribing practitioner and the patient with a reason for the denial, an alternative covered medication, and information regarding the procedure for submitting an appeal to the denial.

Proposed law provides definitions for health coverage plan and stage-four advanced, metastatic cancer.

Effective August 1, 2020.

(Amends R.S. 22:1053)