

SENATE SUMMARY OF HOUSE AMENDMENTS

SB 394

2022 Regular Session

Bernard

KEYWORD AND SUMMARY AS RETURNED TO THE SENATE

INSURANCE POLICIES. Requires coverage for drugs under certain conditions and the drug is approved by the United States Food and Drug Administration. (1/1/23)

SUMMARY OF HOUSE AMENDMENTS TO THE SENATE BILL

1. Makes technical changes.

DIGEST OF THE SENATE BILL AS RETURNED TO THE SENATE

SB 394 Reengrossed

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Proposed law prohibits a health coverage plan delivered or issued for delivery in this state from limiting or excluding coverage for a minor with respect to a drug on the basis that the drug is prescribed for a use different from what the drug was approved by the U.S. Food and Drug Administration (FDA), and if all of the following apply:

- (1) The drug is approved by the FDA.
- (2) The drug is prescribed by a contracting licensed healthcare professional, is medically necessary for the treatment of a life threatening, chronic, or seriously debilitating disease or condition in a minor, has been approved by the FDA for the same condition or disease in an adult, and is medically necessary to treat the disease or condition.
- (3) The drug is recognized for treatment of that disease or condition in pediatric application by 1 of the following:
 - (a) The American Medical Association Drug Evaluations.
 - (b) The American Hospital Formulary Service Drug Information.
 - (c) The U.S. Pharmacopoeia Dispensing Information, Volume 1, "Drug Information for the Health Care Professional".
 - (d) 2 articles from major peer-reviewed medical journals presenting data supporting the proposed off-label use or uses as generally safe and effective, unless there is clear and convincing contradictory evidence presented in a major peer-reviewed journal.
- (4) The drug is on the insurer's formulary or preferred drug list, if any.

Proposed law requires the prescriber to be responsible for submitting to an insurer documentation supporting compliance with proposed law, if requested by the insurer.

Proposed law provides that a health coverage plan is not required to provide coverage for any of the following:

- (1) Treatment for a condition or disease that is excluded under the terms of the health coverage plan.
- (2) Experimental drugs not approved by the FDA.
- (3) A drug not listed on the health coverage plan's formulary or preferred drug list, if any.

Proposed law provides that coverage may be subject to annual deductibles, coinsurance, and copayment provisions established under the health coverage plan and may be subject to prior authorization.

Proposed law defines "health coverage plan".

Effective Jan. 1, 2023.

(Adds R.S. 22:1060.8)

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