

## SENATE SUMMARY OF HOUSE AMENDMENTS

SB 348

2022 Regular Session

Cloud

**KEYWORD AND SUMMARY AS RETURNED TO THE SENATE**

GROUP BENEFITS PROGRAM. Provides for a process for a prior authorization for a particular healthcare service, procedure, or prescription drug. (7/1/22)

**SUMMARY OF HOUSE AMENDMENTS TO THE SENATE BILL**

1. Adds provision authorizing a health plan to furnish information in writing or electronically.
2. Changes the time frame required of a health plan to respond to a healthcare provider from 24 hours to one business day.
3. Removes requirement for a health plan to respond to a covered person.

**DIGEST OF THE SENATE BILL AS RETURNED TO THE SENATE**

SB 348 Engrossed

2022 Regular Session

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Proposed law provides that beginning Jan. 1, 2023:

- (1) The office of group benefits shall require every health plan offered through the office to furnish in writing or electronically, within one business day of a written or oral request by a healthcare provider, the medical criteria and any other requirements that must be satisfied in order for a particular healthcare service, procedure, or prescription drug to be prior authorized by the health plan.
- (2) Upon the denial of a prior authorization by a health plan offered through the office, the office shall require the health plan to provide with the written notification of the denial a copy of the applicable law, regulation, policy, procedure, or medical criterion or guideline that was used by the health plan to deny the prior authorization or how to access such law, regulation, policy, procedure, or medical criterion or guideline that is publicly accessible.

Proposed law authorizes the office to adopt rules in accordance with present law (Administrative Procedure Act) as necessary for the implementation of proposed law.

Effective July 1, 2022.

(Adds R.S. 42:812)

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