

RÉSUMÉ DIGEST

ACT 696 (SB 348)

2022 Regular Session

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New 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 on how to access such law, regulation, policy, procedure, or medical criterion or guideline that is publicly accessible.

New law authorizes the office to adopt rules in accordance with existing law (Administrative Procedure Act) as necessary for the implementation of new law.

Effective July 1, 2022.

(Adds R.S. 42:812)