

## RÉSUMÉ DIGEST

ACT 703 (SB 394)

2022 Regular Session

Bernard

New law prohibits a health coverage plan delivered or issued for delivery in this state from limiting or excluding coverage for a minor for a drug approved by the U.S. Food and Drug Administration (FDA) based on the drug if prescribed for a use different from what the drug was approved 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, and is medically necessary for the treatment of a life threatening, chronic, or seriously debilitating disease or condition in a minor and the drug has been approved by the FDA for the same condition or disease in an adult and the drug 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 one 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) Two 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.

New law requires the prescriber is responsible for submitting documentation to support compliance with new law, if requested by the health insurance insurer.

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

- (1) A 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 formulary or preferred drug list, if any.

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

New law defines "health coverage plan".

Effective January 1, 2023.

(Adds R.S. 22:1060.8)