
The original instrument was prepared by Thomas L. Tyler. The following digest, which does not constitute a part of the legislative instrument, was prepared by Beth O'Quin.

SB 188 Engrossed

DIGEST
2023 Regular Session

Stine

Present law provides requirements for utilization review.

Proposed law retains present law but adds definitions for "health coverage plan", "healthcare provider", "health insurance issuer", "healthcare services", and "prior authorization". Excludes the office of group benefits from definition of "health insurance issuer".

Proposed law requires health insurance issuers to submit an annual report that provides a quarterly breakdown that includes the following:

- (1) List of all items and services that require prior authorization.
- (2) Percentage of standard prior authorizations that were approved, aggregated for all items and services.
- (3) Percentage of standard prior authorizations that were denied, aggregated for all items and services.
- (4) Percentage of standard prior authorization that were approved after appeal, aggregated for all items and services.
- (5) Percentage of prior authorization requests when the timeframe for review was extended, and the prior authorization requests were approved, aggregated for all items and services.
- (6) Percentage of expedited prior authorization requests that were approved, aggregated for all items and services.
- (7) Percentage of prior authorization requests that were denied, aggregated for all items and services.
- (8) An average and median time that elapsed for all standard prior authorization requests and the time between submitting a standard authorization request, and the time a determination was made by a health insurance issuer, aggregated for all items and services.
- (9) The average and median time for an expedited review regarding a prior authorization request and the time between submitting the expedited request and the time a decision was made by a health insurance issuer, aggregated for all items and services.

Proposed law requires the commissioner to submit an annual report that provides information regarding prior authorization practices on or before March 15th to the Senate and House Committees on Insurance.

Proposed law requires a health insurance issuer to annually publish a list of all items and services that are subject to prior authorization and include this information prior to open enrollment on its publicly available website, and to timely update any changes made to prior authorization requests.

Proposed law requires a health insurance issuer to include a web address on any application or enrollment materials that are distributed by a health coverage plan.

Proposed law requires a health insurance issuer to provide contract materials including items and services subject to prior authorization and any policy or procedures used to determine prior authorization to any provider or supplier who seeks to participate under a health coverage plan.

Effective upon signature of the governor or lapse or last of time for gubernatorial action.

(Adds R.S. 22:1020.62)

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Insurance to the original bill

1. Removes office of group benefits from the definition of health issuer insurer.
2. Makes technical changes.