SENATE SUMMARY OF HOUSE AMENDMENTS

SB 164 **2023 Regular Session** **Cloud**

KEYWORD AND SUMMARY AS RETURNED TO THE SENATE

GROUP BENEFITS PROGRAM. Provides relative to prior authorization for services, procedures, and pharmaceuticals. (gov sig)

SUMMARY OF HOUSE AMENDMENTS TO THE SENATE BILL

1. Make effectiveness of proposed law subject to appropriation of monies by the legislature for the implementation of proposed law.

DIGEST OF THE SENATE BILL AS RETURNED TO THE SENATE

SB 164 Reengrossed 2023 Regular Session Cloud

Present law provides that the Office of Group Benefits (office) shall require every self-funded health plan offered through the office to furnish in writing or provide 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 the service, procedure, or drug to be prior authorized by the self-funded health plan.

Proposed law removes the requirement that in order to receive information relative to prior authorization requirements for certain services, procedures, or drugs, a healthcare provider must request the information.

Proposed law provides that beginning January 1, 2024, the provisions of proposed law shall apply to self-funded health plans offered by the office.

Proposed law requires that the office maintain and publish on a publicly accessible webpage a list of healthcare services, procedures, and pharmaceuticals subject to prior authorization.

Proposed law provides that the list shall also include the time period allowed for the self-funded health plan to render and communicate a decision and the requirements or criteria that shall be satisfied in order for the plan to prior authorize the healthcare service, procedure, or pharmaceutical.

Proposed law prohibits a self-funded health plan offered through the office from requiring a prior authorization to be obtained for any healthcare service, procedure, or pharmaceutical that is not included on the list published and maintained by the office and provides that self-funded plan that fails to render and communicate a prior authorization decision to the requesting healthcare provider within the timeframe published on the list shall cause the healthcare services, procedures, or pharmaceuticals subject to the request to no longer require prior authorization as a condition of payment of the claim.

Proposed law requires the office to make aggregate statistics available on an annual basis, delineated by quarter, for each self-funded health plan offered through the office regarding prior authorization approvals and denials on its website in a readily accessible format. Authorizes the chief executive officer (CEO) of the office to determine the statistics required in order to comply with proposed law in accordance with applicable state and federal privacy laws. Proposed law provides for an illustrative list of statistics required for compliance.

Proposed law requires the CEO to submit the aggregate statistics annually in a written report to the Senate Committee on Finance and the House Committee on Appropriations.

Effective upon appropriation of monies by the legislature for the implementation of proposed law.

(Amends R.S. 42:812(A))

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