The legislative instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Tom Tyler.

CONFERENCE COMMITTEE REPORT DIGEST

SB 188 **2023 Regular Session** **Stine**

Keyword and summary of the bill as proposed by the Conference Committee

HEALTH/ACC INSURANCE: Provides for utilization review and approval procedures of claims for healthcare provider services. (gov sig)

Report adopts House amendments to:

1. Authorizes a health insurance issuer to refer providers and suppliers to a listing or link on its website to comply with proposed law.

2. Makes technical changes.

Report rejects House amendments which would have:

1. Changed the effective date from the signature of the governor to Jan. 1, 2024.

Report amends the bill to:

1. Add a definition for "health insurance issuer" that exempts limited benefits from the provisions of proposed law.

2. Provides the provisions of the proposed law do not apply to entities that provide limited scope dental benefits.

3. Section 2 is only effective if and when the Act that originated as HB No. 468 of the 2023 Regular Session of the Legislature becomes effective, and if there is a conflict between the provisions of the Act that originated as HB No. 468 of the 2023 Regular Session of the Legislature and Section 2 of this Act, the provisions of this Act shall supercede and control.

4. Section 1 and 3 are effective Jan. 1, 2024.

Digest of the bill as proposed by the Conference Committee

188 Reengrossed 2023 Regular Session Stine

Present law provides requirements for utilization review.

Proposed law retains present law and adds definitions for "health coverage plan", "healthcare provider", "health insurance issuer", "healthcare services", and "prior authorization". Excludes the office of group benefits from the 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 authorizations 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 of insurance to submit an annual report that provides information regarding prior authorization practices 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 authorizations to any provider or supplier who seeks to participate under a health coverage plan. Authorizes a health insurance issuer to refer providers or suppliers to a listing or link on its website to comply with proposed law.

Provides Section 2 is only effective if and when the Act that originated as HB No. 468 of the 2023 Regular Session of the Legislature becomes effective, and if there is a conflict between the provisions of the Act that originated as HB No. 468 of the 2023 Regular Session of the Legislature and Section 2 of this Act, the provisions of this Act are required to supercede and control.

Section 1 and 3 is effective Jan. 1, 2024.

(Adds R.S. 22:1020.62 and 1260.41(10))