

Regular Session, 2012

SENATE BILL NO. 231

BY SENATOR MURRAY

HEALTH/ACC INSURANCE. Provides relative to prior authorization forms. (gov sig)

1 AN ACT

2 To enact R.S. 22:1006.1, relative to prior authorization forms; to provide with respect to the
3 issuance and use of prior authorization forms; to provide for an effective date; and
4 to provide for related matters.

5 Be it enacted by the Legislature of Louisiana:

6 Section 1. R.S. 22:1006.1 is hereby enacted to read as follows:

7 **§1006.1. Prior authorization forms required; criteria**

8 **A. Notwithstanding any other provisions of law, on and after January**
9 **1, 2013, a health insurance issuer that provides prescription drug benefits shall**
10 **accept only the prior authorization form developed pursuant to Subsection C**
11 **of this Section when requiring prior authorization for prescription drug**
12 **benefits.**

13 **B. If a health insurance issuer fails to utilize or accept the prior**
14 **authorization form, or fails to respond within two business days upon receipt**
15 **of a completed prior authorization request from a prescribing provider,**
16 **pursuant to the submission of the prior authorization form developed as**
17 **described in Subsection C, the prior authorization request shall be deemed to**

1 have been granted.

2 C. The department of insurance shall develop a uniform prior
3 authorization form. Notwithstanding any other provision of law to the
4 contrary, on and after January 1, 2013, every health insurance issuer shall use
5 such uniform prior authorization form to request prior authorization for
6 coverage of prescription drug benefits and every health care service plan shall
7 accept such form as sufficient to request prior authorization for prescription
8 drug benefits.

9 D. The prior authorization form developed pursuant to Subsection C of
10 this Section shall meet the following criteria:

11 (1) The form shall not exceed two pages.

12 (2) The form shall be made available electronically by the department
13 and the health care service plan.

14 (3) The completed form may also be submitted electronically from the
15 prescribing provider to the health care service plan.

16 (4) The department of insurance shall develop the form with input from
17 interested parties received at one or more public meetings.

18 (5) The department of insurance, in developing the standardized form,
19 shall take into consideration the following:

20 (a) Existing prior authorization forms established by the federal Centers
21 for Medicare and Medicaid Services and the Department of Health and Human
22 Hospitals.

23 (b) National standards, or draft standards, pertaining to electronic prior
24 authorization.

25 Section 2. Effective upon signature of the governor or lapse of time for gubernatorial
26 action.

The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Cheryl Horne.

DIGEST

Proposed law applicable on and after January 1, 2013, requires a health insurance issuer that provides prescription drug benefits to use and accept only the prior authorization form developed by the department of insurance. Further provides that if a health insurance issuer fails to utilize or accept the form, or fails to respond within 2 business days of receipt, the prior authorization request shall be deemed granted.

Proposed law establishes the criteria for the prior authorization form to include electronic availability and submission as well as consideration of existing prior authorization forms established by the federal Centers for Medicare and Medicaid Services and the Dept. of Health and Hospitals, and national standards.

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

(Adds R.S. 22:1006.1)