
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)