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

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## DIGEST

Murray (SB 231)

Proposed law defines "health insurance issuer", "health benefit plan", "plan", "benefit", "health insurance coverage", "prior authorization", and "prior authorization form".

Proposed law, applicable on and after January 1, 2013, requires a health insurance issuer that provides prescription drug benefits to use only a single, standardized prior authorization form for obtaining any prior authorization for prescription drug benefits. Further provides that such form shall not exceed two pages in length, be accessible through multiple computer operating systems, and be filed with the Department of Insurance on or after January 1, 2013.

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

(Adds R.S. 22:1006.1)

### Summary of Amendments Adopted by Senate

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

1. Provides definitions for "health insurance issuer", "health benefit plan", "plan", "benefit", "health insurance coverage", "prior authorization" and "prior authorization form".
2. Requires a health insurance issuer to use only a single, standardized prior authorization form for obtaining any prior authorization for prescription drug benefits. Requires the form to be accessible through multiple computer operating systems. Further provides that such form shall not exceed two pages in length and be filed with the Department of Insurance on or after January 1, 2013.