DIGEST

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Murray SB No. 231

Proposed law provides for definitions as follows:

"Health insurance issuer" means an entity that offers health insurance coverage through a plan, policy, or certificate of insurance subject to state law regulating the business of insurance. Includes health maintenance organizations as defined in present law in such definition.

"Health benefit plan", "plan", "benefit" or "health insurance coverage" means services consisting of medical care provided directly through insurance or reimbursement, or otherwise, including items and services paid for as medical care under a hospital or medical service policy or certificate, hospital or medical service plan contract, preferred provider organization, or health maintenance organization contract offered by a health insurance issuer. Specifies that excepted benefits are not included as a health benefit plan.

"Prior authorization" means a utilization management criteria utilized to seek permission or waiver of a drug to be covered under a health benefit plan that provides prescription drug benefits.

"Prior authorization form" means a standardized, uniform application developed by a health insurance issuer for the purposes of obtaining prior authorization.

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. Provides that such form shall not exceed two pages in length (exclusive of instructions or guiding documentation), be accessible through multiple computer operating systems, and be filed with the Department of Insurance on or after January 1, 2013. Further provides that replacements or modifications of a prior authorization form must be filed with the Dept. of Insurance within 15 days prior to use or implementation.

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.

Senate Floor Amendments to engrossed bill.

1. Makes technical changes.

Summary of Amendments Adopted by House

Committee Amendments Proposed by House Committee on Insurance to the reengrossed bill.

1. Clarifies that a health insurance issuer may make the prior authorization form accessible through multiple computer operating systems.