

2016 Regular Session

HOUSE BILL NO. 849

BY REPRESENTATIVE ROBERT JOHNSON

INSURANCE/HEALTH: Provides a time frame for appeals of adverse determinations made regarding the medical necessity of prescription drugs and intravenous infusions

1 AN ACT

2 To enact R.S. 22:2396, relative to the appeal or review process for certain adverse
3 determinations made by health insurance issuers; to provide a time frame for appeals
4 of adverse determinations made regarding the medical necessity of prescription
5 drugs and intravenous infusions; to provide with respect to notice of such
6 determinations; to provide for applicability; and to provide for related matters.

7 Be it enacted by the Legislature of Louisiana:

8 Section 1. R.S. 22:2396 is hereby enacted to read as follows:

9 §2396. Time frame for appeals of adverse determinations made regarding the
10 medical necessity of prescription drugs and intravenous infusions

11 A. Notwithstanding any other provision of this Chapter to the contrary, when
12 an adverse determination has been made by a health insurance issuer regarding the
13 medical necessity of prescription drugs and intravenous infusions for a covered
14 person who has been provided with such drugs or infusions for at least ninety days
15 prior to such determination, notice shall be provided to the covered person no later
16 than the sixtieth day before the date on which such prescription drugs and
17 intravenous infusions will be discontinued.

18 B. Notwithstanding any other provision of this Chapter to the contrary, any
19 appeal made pursuant to this Section shall be an expedited review conducted
20 pursuant to R.S. 22:2437 and shall be completed no later than the sixtieth day before
21 the date on which such prescription drugs and intravenous infusions will be
22 discontinued.

1 Section 2. This Act shall apply only to an adverse determination made in relation to
2 coverage or benefits under a health benefit plan delivered, issued for delivery, or renewed
3 on or after January 1, 2016. This Act shall not apply to an adverse determination made in
4 relation to coverage or benefits under a health plan delivered, issued for delivery, or
5 renewed before January 1, 2016.

6 Section 3. This Act shall become effective on January 1, 2016.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

HB 849 Original

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Robert Johnson

Abstract: Provides a time frame for appeals of adverse determinations made regarding the medical necessity of prescription drugs and intravenous infusions.

Present law provides for various levels of review and appeal of adverse determinations by health insurance issuers. Generally defines an adverse determination as the denial, reduction, termination, or failure to pay or provide for a benefit under a covered person's health benefit plan.

Proposed law provides that, notwithstanding any other provision of present law to the contrary, when an adverse determination has been made by a health insurance issuer regarding the medical necessity of prescription drugs and intravenous infusions for a covered person who has been provided with such drugs or infusions for at least 90 days prior to such determination, notice shall be provided to the covered person no later than the 60th day before the date on which such prescription drugs and intravenous infusions will be discontinued.

Proposed law further provides that, notwithstanding any other provision of present law to the contrary, any appeal made pursuant to proposed law shall be an expedited review conducted pursuant to present law and shall be completed no later than the 60th day before the date on which such prescription drugs and intravenous infusions will be discontinued.

Proposed law provides that it shall apply only to an adverse determination made in relation to coverage or benefits under a health benefit plan delivered, issued for delivery, or renewed on or after Jan. 1, 2017, and shall not apply to an adverse determination made in relation to coverage or benefits under a health plan delivered, issued for delivery, or renewed before Jan. 1, 2017.

Effective on January 1, 2017.

(Adds R.S. 22:2396)