
HOUSE COMMITTEE AMENDMENTS

2016 Regular Session

Substitute for Original House Bill No. 849 by Representative Robert Johnson as proposed by the House Committee on Insurance

This document reflects the content of a substitute bill but is not in a bill form; page numbers in this document DO NOT correspond to page numbers in the substitute bill itself.

To amend and reenact R.S. 22:1060.4(A)(introductory paragraph) and (B) and to enact R.S. 22:1060.3(C), relative to coverage of medically necessary prescription drugs and intravenous infusions; to provide for notice by a health insurance issuer making a change in such coverage; to provide relative to an appeal of any such change by the insured; to make certain technical changes; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1060.4(A)(introductory paragraph) and (B) are hereby amended and reenacted and R.S. 22:1060.3(C) is hereby enacted to read as follows:

§1060.3. Continuation of coverage required; other drugs not precluded

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C.(1) A health insurance issuer proposing to change its coverage of a particular prescription drug or intravenous infusion based on medical necessity shall give notice of the proposed change to any insured currently using that prescription drug who the health insurance issuer determines the change may affect; however, such notice to an insured shall only be required if the health insurance issuer has covered the drug or intravenous infusion for the insured for at least ninety days. Such notice shall be sent at least sixty days prior to the effective date of the proposed change.

(2) Any insured receiving such a notice from a health insurance issuer shall have the right to appeal the proposed change during the sixty-day notification period provided for in Paragraph (1) of this Subsection in accordance with the Internal Claims and Appeals Process and External Review Act, R.S. 22:2391 et seq. In filing such an appeal, the insured shall document that his physician or authorized

prescriber considers continued use of the drug or intravenous infusion to be medically necessary.

§1060.4. Adverse determination

A. The refusal of a health insurance issuer to provide benefits to an enrollee for a prescription drug is an adverse determination for ~~the purposes of Subpart F of this Part, R.S. 22:1121 et seq., relative to medical necessity review organizations,~~ the Internal Claims and Appeals Process and External Review Act, R.S. 22:2391 et seq., if each of the following conditions is met:

* * *

B. The enrollee may appeal the adverse determination pursuant to ~~Subpart F of this Part, R.S. 22:1121 et seq., relative to medical necessity review organizations,~~ the Internal Claims and Appeals Process and External Review Act, R.S. 22:2391 et seq.

Section 2. This Act shall apply only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2016. This Act shall not apply to a health benefit plan delivered, issued for delivery, or renewed before January 1, 2016.

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 Draft

2016 Regular Session

Abstract: Provides relative to continuation of coverage for medically necessary prescription drugs and intravenous infusions.

Proposed law provides that a health insurance issuer proposing to change its coverage of a particular prescription drug or intravenous infusion based on medical necessity shall give notice of the proposed change to any insured currently using that prescription drug who the health insurance issuer determines the change may affect; however, specifies that such notice shall only be required if the health insurance issuer has covered the drug or intravenous infusion for the insured for at least 90 days. Requires that any such notice shall be sent at least 60 days prior to the effective date of the proposed change.

Proposed law further provides that any insured receiving such a notice from a health insurance issuer shall have the right to appeal the proposed change during the 60-day notification period in accordance with present law, the Internal Claims and Appeals Process and External Review Act. Also requires that, in filing such an appeal, the insured shall

document that his physician or authorized prescriber considers continued use of the drug or intravenous infusion to be medically necessary.

Proposed law makes certain technical changes, in particular to references and citations to the state's appeals law, the Internal Claims and Appeals Process and External Review Act.

Proposed law provides that it shall apply only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2016, and shall not apply to a health benefit plan delivered, issued for delivery, or renewed before January 1, 2016.

Effective January 1, 2016.

(Amends R.S. 22:1060.4(A)(intro. para.) and (B); Adds R.S. 22:1060.3(C))