
DIGEST

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HB 557 Engrossed

2022 Regular Session

Willard

Abstract: Requires private health plans and state Medicaid health plans to reimburse for a six-month supply of contraceptive drugs dispensed at one time.

Proposed law generally requires a health coverage plan including a group coverage plan and Medicaid health plans issued or renewed in this state on or after Jan. 1, 2023, providing coverage for contraceptive drugs to reimburse for a six-month supply of contraceptive drugs to be obtained at one time by the insured, unless the insured requests a smaller supply or the prescribing provider instructs for the insured to receive a smaller supply. Further requires the insured to have used the same contraceptive drugs for at least the consecutive six months prior to receiving a six-month supply.

Proposed law requires a health coverage plan or group coverage plan to allow the insured to receive the contraceptive drugs onsite at the provider's office, if available, and if the prescribing provider is contracted with the health coverage plan or the plan's pharmacy benefit manager to dispense outpatient prescription drugs through the plan's pharmacy benefit. Further requires Medicaid health plans to allow the insured to receive the contraceptive drugs onsite at family practice clinics, if available.

Proposed law requires dispensing practices to follow all clinical guidelines for appropriate prescribing and dispensing to ensure the health of the insured while maximizing access to effective contraceptive drugs.

Proposed law defines "contraceptive drugs".

(Adds R.S. 22:1033.1 and R.S. 40:1248.21)

Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Insurance to the original bill:

1. Clarify that the dispensing of contraceptive drugs onsite at the provider's office is required if the prescribing provider is contracted with the health coverage plan or the plan's pharmacy benefit manager to dispense outpatient prescription drugs through the plan's pharmacy benefit.
2. Change the disbursement of contraceptive drugs from a 12-month supply to a six-month

supply.

3. Decrease the timeframe for which the insured is required to have consecutively used the contraceptive drugs from 12 months to six months.