

SENATE SUMMARY OF HOUSE AMENDMENTS

SB 112

2022 Regular Session

Robert Mills

KEYWORD AND SUMMARY AS RETURNED TO THE SENATE

HEALTH/ACC INSURANCE. Requires health insurers that utilize prior authorization to reduce burdensome delays in approving and in making payments for covered healthcare services. (gov sig)

SUMMARY OF HOUSE AMENDMENTS TO THE SENATE BILL

1. Make technical changes.

DIGEST OF THE SENATE BILL AS RETURNED TO THE SENATE

DIGEST

SB 112 Engrossed

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Proposed law requires every health insurance issuer authorized to do business in this state to maintain a program that allows for the selective application of reducing prior authorization requirements based on the stratification of healthcare providers' performance and adherence to evidence-based medicine. Requires the program to promote certain standards for both the issuer and provider. Provides criteria for participation by providers and services included in the program; excludes pharmacy services. Further requires participants to submit a report to the La. Dept. of Insurance that includes a full narrative description, the criteria for participation, a listing of the procedures and services subject to the selective application of prior authorization, and the number of providers participating in the program.

Proposed law defines "health insurance issuer".

Proposed law requires the La. Dept. of Insurance to provide a form and manner of filing by rule in accordance with the APA. Requires an issuer to provide an initial filing by July 1, 2023, and each time thereafter when the issuer files an annual report in accordance with present law (R.S. 22:571).

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

(Adds R.S. 22:1020.61)

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