

SENATE SUMMARY OF HOUSE AMENDMENTS

SB 181

2021 Regular Session

Boudreaux

KEYWORD AND SUMMARY AS RETURNED TO THE SENATE

INSURERS. Provides for health insurance coverage modifications and unfair or deceptive practices. (8/1/21)

SUMMARY OF HOUSE AMENDMENTS TO THE SENATE BILL

1. Provides for an enrollee's physician to request an exception from the issuer's modification of drug coverage for purposes of continuity of care of the patient.

DIGEST OF THE SENATE BILL AS RETURNED TO THE SENATE

SB 181 Reengrossed

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Present law provides for guaranteed renewability of health coverage for employees in the group market and persons with individual health coverage.

Present law authorizes a health insurance issuer to modify the health insurance coverage for a policy form offered to a group health plan or to individuals in the individual market if each of the following conditions is met:

- (1) The modification occurs at the time of coverage renewal.
- (2) The modification is approved by the commissioner of insurance and is on a uniform basis among all individuals and all small and large employers covered by the group health plan.
- (3) The insurer notifies each individual or group no later than the 60th day before the modification is effective.

Proposed law retains present law but as to the notification requirement, modification of drug coverage is allowed at any time as to a drug increasing over \$300 per prescription or refill with an increase in the wholesale acquisition cost of at least 25% in the prior 365 days provided that 30-day notice of the modification of coverage is given. Proposed law requires that the 30 day notice of modification of coverage include information on the issuer's process for an enrollee's physician to request an exception from the issuer's modification of drug coverage for purposes of continuity of care of the patient.

Present law provides for certain unfair methods of competition and unfair or deceptive acts or practices in the business of insurance.

Present law provides that the issuance, delivery, issuance for delivery, or renewal of, or execution of a contract for, a health benefits policy or plan which denies a pharmacy or pharmacist the right to participate as a contract provider of pharmaceutical services or pharmaceutical products under the policy or plan, or under a pharmacy network established by the policy or plan, if the pharmacy or pharmacist agrees in writing to provide pharmaceutical services and pharmaceutical products that meet all the terms and requirements, including the same administrative, financial, and professional conditions and a minimum contract term of one year, if requested, which apply to pharmacies and pharmacists which have been designated as providers under the policy or plan or as participating providers in a pharmacy network established by the policy or plan.

Proposed law retains present law but limits the prohibition to pharmacies licensed and physically located in the state as well as pharmacists licensed in this state.

Effective August 1, 2021.

(Amends R.S. 22:1068(D)(3), 1074(D)(3), and 1964(15)(a)(ii))

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