

2026 Regular Session

HOUSE BILL NO. 1154

BY REPRESENTATIVE GLORIOSO

INSURANCE: Prohibits prior authorizations requirements for certain generic medications prescribed by qualified physicians

1 AN ACT

2 To enact R.S. 22:1060.1(9) through (12) and 1060.9 and R.S. 46:153.3.3, relative to prior
3 authorizations for medications: to provide for requirements for certain generic
4 medications prescribed by qualified physicians; to provide for definitions; to require
5 health insurance coverage for medication; to provide for applicability; and to provide
6 for related matters.

7 Be it enacted by the Legislature of Louisiana:

8 Section 1. R.S. 22:1060.1 (9) through (12) and 1060.9 are hereby enacted to read as
9 follows:

10 §1060.1. Definitions

11 As used in this Subpart, the following definitions apply:

12 * * *

13 (9) "Board-certified physician" means a physician licensed to practice
14 medicine in this state who is certified by a member board of the American Board of
15 Medical Specialties or an equivalent certifying body recognized by the Louisiana
16 State Board of Medical Examiners.

17 (10) "Commercial insurer" means any health insurance issuer, health
18 maintenance organization, or other entity that offers a health benefit plan through a
19 policy, contract, or certificate of insurance that covers prescription drugs and is

1 authorized to provide health insurance coverage in this state, excluding federal, state,
2 or local governmental plans such as Medicaid.

3 (11) "Generic medication" means a drug that is chemically equivalent to a
4 brand-name drug and approved by the United States Food and Drug Administration
5 as interchangeable.

6 (12) "Prior authorization" means a utilization review process requiring
7 approval from the insurer or managed care organization before a prescribed
8 medication can be dispensed or reimbursed.

9 * * *

10 §1060.9. Prohibition on prior authorization for generic medications; conditions

11 A commercial insurer shall not require prior authorization for the dispensing
12 or reimbursement of a generic medication that is not an opioid, if the prescription for
13 the medication is issued by a board-certified physician whose specialty certification
14 includes the medical indication for which the drug is prescribed and the wholesale
15 acquisition cost is no more than two hundred fifty dollars per prescription.

16 Section 2. R.S. 46:153.3.3 is hereby enacted to read as follows:

17 §153.3.3. Medicaid managed care organizations; prior authorization restriction

18 A. A Medicaid managed care organization shall not require prior
19 authorization for the dispensing or reimbursement of a generic medication if the
20 prescription for the medication is issued by a board-certified physician or authorized
21 provider whose specialty certification includes the medical indication for which the
22 drug is prescribed.

23 B. For purposes of this Section, the terms "board-certified physician"
24 "generic medication," and "prior authorization," have the same meanings as provided
25 in R.S. 22:1060.1.

26 Section 3. The provisions of this Act shall apply to any new policy, contract, health
27 coverage plan, or Medicaid managed care contract issued on and after January 1, 2027. Any
28 policy, contract, health coverage plan, or Medicaid managed care contract in effect prior to

- 1 January 1, 2027, shall convert to conform to the provisions of this Act on or before the
2 renewal date, but no later than January 1, 2028.

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 1154 Engrossed

2026 Regular Session

Glorioso

Abstract: Prohibits prior authorization requirements for certain generic medications prescribed by qualified physicians relative to commercial insurers and Medicaid managed organizations.

Present law defines certain terms.

Proposed law adds the terms "board-certified physician", "commercial insurer", "generic medication", and "prior authorization", and otherwise retains present law.

Proposed law prohibits commercial insurers from requiring a prior authorization for generic medications that are not opioids when prescribed by a board-certified physician whose specialty certification includes the medical indication for which the drug is prescribed and the wholesale acquisition cost is no more than \$250 per prescription.

Proposed law prohibits Medicaid managed care organizations from requiring a prior authorization for certain generic medications when prescribed by a board-certified physician or authorized provider whose specialty certification includes the medical indication for which the drug is prescribed.

Proposed law clarifies that the terms used in proposed law have the same meaning as provided for in proposed law.

Proposed law applies to any new policy, contract, health coverage plan, or Medicaid managed care issued on and after January 1, 2027. Proposed law applies to any policy, contract, health coverage plan, or Medicaid managed care in effect prior to January 1, 2027, shall convert to conform to the provisions of this proposed law on or before the renewal date, but no later than January 1, 2028.

(Adds R.S. 22:1060.1(9)-(12) and 1060.9 and R.S. 46:153.3.3)

Summary of Amendments Adopted by House

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

1. Adds to the commercial insurer prohibition that generic medications that are not opioids do not require a prior authorization when prescribed and the wholesale acquisition cost is no more than \$250 per prescription.
2. Prohibit Medicaid managed care organizations from requiring a prior authorization for generic medications when prescribed by an authorized provider whose specialty certification includes the medical indication for which the drug is prescribed.
3. Make technical changes.