The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Cheryl Horne.

DIGEST

Murray (SB 165)

Proposed law prohibits a health insurance issuer of a health benefit plan that covers prescription drugs as defined in present law from creating prescription drug specialty tiers that require the insured to pay a percentage of the cost of a drug rather than a co-pay. Prohibits a health insurance issuer from charging cost-sharing for a prescription drug in excess of 500% of the lowest amount of cost-sharing required by the plan for a prescription drug included in the plan's formulary as defined in present law.

Proposed law specifies that nothing in proposed law requires a health insurance issuer of a health benefit plan to provide coverage for any additional prescription drugs not otherwise provided by law.

Proposed law provides that when a health care issuer of a health benefit plan provides for a limit on out-of-pocket expenses for benefits other than prescription drugs, that plan shall include one of the following options that results in the lowest out-of-pocket prescription drug cost to the insured:

(1) Out-of-pocket expenses for prescription drugs shall be included under the health benefit plan's total limit for out-of-pocket expenses for all benefits provided under the plan.

(2) Out-of-pocket expenses for prescription drugs per plan year shall not exceed one thousand dollars per insured or two thousand dollars per insured family.

Effective August 1, 2014.

(Adds R.S. 22:1060.5)