2016 Regular Session

HOUSE BILL NO.1151 (Substitute for House Bill No. 849 by Representative Robert Johnson)

BY REPRESENTATIVES ROBERT JOHNSON, BROADWATER, TERRY BROWN, DAVIS, HAVARD, HAZEL, HORTON, MIGUEZ, PYLANT, WILLMOTT, AND ZERINGUE

1	AN ACT
2	To amend and reenact R.S. 22:1060.4(A)(introductory paragraph) and (B) and to enact R.S.
3	22:1060.3(C), relative to coverage of medically necessary prescription drugs and
4	intravenous infusions; to provide for notice by a health insurance issuer making a
5	change in such coverage; to provide relative to an appeal of any such change by the
6	insured; to make certain technical changes; and to provide for related matters.
7	Be it enacted by the Legislature of Louisiana:
8	Section 1. R.S. 22:1060.4(A)(introductory paragraph) and (B) are hereby amended
9	and reenacted and R.S. 22:1060.3(C) is hereby enacted to read as follows:
10	§1060.3. Continuation of coverage required; other drugs not precluded
11	* * *
12	C.(1) A health insurance issuer proposing to change its coverage of a
13	particular prescription drug or intravenous infusion based on medical necessity shall
14	give notice of the proposed change to an insured currently using that prescription
15	drug or intravenous infusion who the health insurance issuer determines the change
16	may affect if the health insurance issuer has covered the drug or intravenous infusion
17	for the insured for at least the preceding sixty days. Such notice shall be sent at least
18	sixty days prior to the effective date of the proposed change.
19	(2) Any insured receiving such a notice from a health insurance issuer shall
20	have the right to appeal the proposed change during the sixty-day notification period
21	provided for in Paragraph (1) of this Subsection in accordance with the Internal

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ENROLLED

1	Claims and Appeals Process and External Review Act, R.S. 22:2391 et seq. In filing
2	such an appeal, the insured shall document that his physician or authorized prescriber
3	considers continued use of the drug or intravenous infusion to be medically
4	necessary.
5	§1060.4. Adverse determination
6	A. The refusal of a health insurance issuer to provide benefits to an enrollee
7	for a prescription drug is an adverse determination for the purposes of Subpart F of
8	this Part, R.S. 22:1121 et seq., relative to medical necessity review organizations, the
9	Internal Claims and Appeals Process and External Review Act, R.S. 22:2391 et seq.,
10	if each of the following conditions is met:
11	* * *
12	B. The enrollee may appeal the adverse determination pursuant to Subpart
13	F of this Part, R.S. 22:1121 et seq., relative to medical necessity review
14	organizations. the Internal Claims and Appeals Process and External Review Act,
15	<u>R.S. 22:2391 et seq.</u>
16	Section 2. This Act shall apply only to a health benefit plan delivered, issued for
17	delivery, or renewed on or after January 1, 2017. This Act shall not apply to a health benefit
18	plan delivered, issued for delivery, or renewed before January 1, 2017.
19	Section 3. This Act shall become effective on January 1, 2017.

SPEAKER OF THE HOUSE OF REPRESENTATIVES

PRESIDENT OF THE SENATE

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____

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