
HOUSE COMMITTEE AMENDMENTS

2017 Regular Session

Amendments proposed by House Committee on Health and Welfare to Original House Bill No. 436 by Representative Talbot

AMENDMENT NO. 1

On page 1, delete line 1 in its entirety and insert in lieu thereof the following:

"To amend and reenact R.S. 44:4.1(B)(26) and to enact R.S. 22:1060.7 and Part VIII of Chapter 12 of Title"

AMENDMENT NO. 2

On page 1, line 4, after "prices;" and before "to provide" insert "to require an annual report of certain prescription drug claims data by health insurance issuers and pharmacy benefit managers;"

AMENDMENT NO. 3

On page 1, delete line 7 in its entirety

AMENDMENT NO. 4

On page 1, line 10, after "content;" delete the remainder of the line and at the beginning of line 11, delete "and Consumer Protection Law;"

AMENDMENT NO. 5

On page 1, between lines 13 and 14, insert the following:

"Section 1. R.S. 22:1060.7 is hereby enacted to read as follows:

§1060.7. Patient access to prescription drugs; annual report

Each health insurance issuer that offers a health benefit plan in this state and each pharmacy benefit manager that contracts with an issuer that offers a health benefit plan in this state shall submit to the Department of Insurance, on an annual basis and with respect to each health benefit plan offered, all of the following information for certain therapeutic classes of prescription drugs identified by the Department of Insurance:

(1) The number of requests for exceptions to the health benefit plan's formulary and the number of claims approved and the number of claims denied.

(2) A list of all services subject to prior authorization or other utilization management, the type of utilization management applied, and the clinical or other rationale for the utilization management.

(3) The methodology used for any study done to inform coverage, formulary placement, or utilization management for any medical item or service.

(4) The number of pharmacy claims transactions approved and the number of pharmacy claims rejected due to a prior authorization or other utilization management requirement including but not limited to step therapy.

(5) The proportion of insureds who do not fill a prescription for an alternative therapy within sixty days of a denial of a request for an exception and the proportion of insureds who do not fill a prescription for an alternative therapy within sixty days.

(6) The total number of dollars spent on research to support and develop the clinical criteria used in making coverage determinations for

1 items and services not specifically listed in the benefits contract as excluded
2 from coverage under the health benefit plan."

3 AMENDMENT NO. 6

4 On page 1, at the beginning of line 14, change "Section 1." to "Section 2."

5 AMENDMENT NO. 7

6 On page 5, delete lines 1 through 5 in their entirety

7 AMENDMENT NO. 8

8 On page 5, at the beginning of line 6, change "D." to "C."

9 AMENDMENT NO. 9

10 On page 5, after line 21, delete the remainder of the page and on page 6, delete lines 1
11 through 4

12 AMENDMENT NO. 10

13 On page 6, line 5, after "Rulemaking" delete the semicolon ";" and "enforcement"

14 AMENDMENT NO. 11

15 On page 6, at the beginning of line 6, delete "A."

16 AMENDMENT NO. 12

17 On page 6, delete lines 9 through 12 in their entirety

18 AMENDMENT NO. 13

19 On page 7, line 11, after "content" delete the semicolon ";" and "violations"

20 AMENDMENT NO. 14

21 On page 8, delete lines 12 through 14 in their entirety

22 AMENDMENT NO. 15

23 On page 8, at the beginning of line 15, change "E." to "D."

24 AMENDMENT NO. 16

25 On page 8, at the beginning of line 18, change "Section 2." to "Section 3."