

2018 Regular Session

SENATE BILL NO. 517

BY SENATOR MILLS

PHARMACEUTICALS. Provides relative to qualified health plan prescription drug coverage. (8/1/18)

1 AN ACT

2 To enact R.S. 22:1018.1, relative to health insurance issuers; to provide for prescription drug  
3 coverage; to provide for definitions; to provide for a deductible prohibition; to  
4 provide for exemptions; and to provide for related matters.

5 Be it enacted by the Legislature of Louisiana:

6 Section 1. R.S. 22:1018.1 is hereby enacted to read as follows:

7 **§1018.1. First-dollar coverage for prescription drugs**

8 **A. For purposes of this Section, the following definitions shall apply:**

9 **(1) "Health insurance issuer" means an entity subject to the insurance**  
10 **laws and regulations of this state or subject to the jurisdiction of the**  
11 **commissioner, that contracts or offers to contract to provide, deliver, arrange**  
12 **for, pay for, or reimburse any of the costs of health care services, including**  
13 **through a health benefit plan, and shall include a sickness and accident**  
14 **insurance company, a health maintenance organization, a preferred provider**  
15 **organization or any similar entity, or any other entity providing a plan of health**  
16 **insurance or health benefits.**

17 **(2) "Qualified health plan" means a health insurance plan that has in**

1 effect a certification that the health insurance plan meets applicable standards  
2 required for participation in a health insurance exchange, as specified under  
3 Section 1311 of the Patient Protection and Affordable Care Act, Public Law No.  
4 111-148 and any rules promulgated for the implementation of that Act. The  
5 applicable standards may include minimum standards for essential health  
6 benefits, deductibles, copayments, out-of-pocket maximum amounts, and other  
7 requirements.

8 B. Except as provided in Subsection D of this Section, any health  
9 insurance issuer that issues qualified health plans shall offer at least one  
10 qualified health plan in each metal tier, other than the bronze tier, in which the  
11 health insurance issuer offers any qualified health plan that does not:

12 (1) Require an enrollee to pay a deductible for prescription drugs  
13 covered by the qualified health plan.

14 (2) Require an enrollee to pay an amount of cost-sharing for any given  
15 prescription drug that exceeds the amount of the copayment or coinsurance  
16 specified in the summary of benefits and coverage for the qualified health plan,  
17 as amended from time to time in accordance with federal and state law, that is  
18 made available to all enrollees or prospective enrollees on the health insurance  
19 issuer's website.

20 C. If a health insurance issuer offers only one qualified health plan in a  
21 given metal tier within a service area, that qualified health plan shall not apply  
22 a deductible to prescription drugs covered by the plan.

23 D. This Section shall not apply to any qualified health plan offered in the  
24 bronze tier, or to any catastrophic plan, as those terms are defined in the  
25 Patient Protection and Affordable Care Act, Public Law No. 111-148, as  
26 amended, and regulations issued pursuant to the Act, or to any health savings  
27 account and health savings account-qualified high deductible health plans, as  
28 defined under Section 223 of the Internal Revenue Code, offered as a qualified  
29 health plan.

1                    **E. The provisions of this Section shall not be construed to require a**  
 2                    **health insurance issuer to offer a qualified health plan in a particular metal tier**  
 3                    **or more than one metal tier, or in a particular service area or in more than one**  
 4                    **service area within the state.**

5                    **F. Nothing in this Section shall be interpreted or implemented in a**  
 6                    **manner that conflicts with federal law. This Section shall apply to health**  
 7                    **insurance issuers offering qualified health plans for sale in this state for any**  
 8                    **coverage year beginning on or after January 1, 2019.**

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The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Christine Arbo Peck.

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	DIGEST	
SB 517 Original	2018 Regular Session	Mills

Proposed law provides definitions for health insurance issuer and qualified health plan.

Proposed law requires health insurance issuers who offer qualified health plans to offer at least one plan in each metal tier that does not require an enrollee to pay a prescription drug deductible or pay more in co-pay or co-insurance than the amount specified in the summary of benefits posted on the health insurance issuer's website.

Proposed law does not apply to qualified health plans in the bronze tier or to catastrophic plans. Proposed law does not apply to health savings accounts or health saving's account-qualified high deductible health plans.

Proposed law does not require a health insurance issuer to offer a qualified health plan in any particular metal tier or more than one metal tier.

Proposed law provides for adherence to federal law. Proposed law applies to any qualified health plan offered for sale in this state for any coverage year beginning on or after January 1, 2019.

Effective August 1, 2018.

(Adds R.S. 22:1018.1)