

SENATE SUMMARY OF HOUSE AMENDMENTS

SB 282

2018 Regular Session

Mills

KEYWORD AND SUMMARY AS RETURNED TO THE SENATE

HEALTH/ACC INSURANCE. Provides relative to prescription drug pricing. (8/1/19)

SUMMARY OF HOUSE AMENDMENTS TO THE SENATE BILL

1. Provides that an issuer's estimate of at least 50% of future rebate payments for the enrollee's actual point of sale prescription drug claim is accounted for in determining excess consumer cost burden instead of accounting for rebates or a prorated amount of the issuer cost based on the enrollee's coinsurance amount.
2. Exempts the Office of Group Benefits from the proposed law definition of "health insurance issuer".
3. Provides that price concessions that accrue to the health insurance issuer and fees and administrative costs passed through to the issuer are included in the proposed law definition of rebates only if such concessions, fees, or costs are the result of point of sale prescription drug claim processing.
4. Changes the date on or after which a health insurance issuer must offer or renew health benefit plans for sale in the state for proposed law to apply to the issuer from Jan. 1, 2019, to Jan. 1, 2020.
5. Removes proposed law provisions that require a health insurance issuer to annually certify to the commissioner of insurance that, during the prior benefit year, the health insurance issuer made available to enrollees at the point of sale at least an amount greater than 50% of rebates received by the insurer.
6. Adds provisions that require a health insurance issuer to annually make available to the commissioner of insurance information regarding the value of rebates expressed as a percentage that the health insurance issuer made available to enrollees at the point of sale.
7. Removes proposed law provisions that authorize the commissioner of insurance to enforce proposed law.
8. Makes technical changes.

DIGEST OF THE SENATE BILL AS RETURNED TO THE SENATE

SB 282 Reengrossed

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Proposed law defines "excess consumer cost burden"; "health benefit plan", "plan", "benefit", or "health insurance coverage"; "health insurance issuer"; and "rebates".

Proposed law requires certain health insurance issuers to notify enrollees and prospective enrollees that they may be subject to an excess consumer cost burden when an enrollee is charged more for a prescription drug than his issuer pays or would pay after accounting for the issuer's estimate of at least 50% of future rebate payments for the enrollee's actual point of sale prescription drug claim.

Proposed law requires certain health insurance issuers to annually make available to the commissioner of insurance information regarding the value of rebates expressed as a percentage that the health insurance issuer made available to enrollees at the point of sale.

Proposed law prohibits a health insurance issuer from publishing or otherwise revealing information regarding the actual amount of rebates the health insurance issuer receives, including but not limited to information regarding the amount of rebates it receives on a product, manufacturer, or pharmacy specific basis. Proposed law provides that such information is a trade secret, is not a public record as defined under present law (Public Records Law), and will not be disclosed directly or indirectly.

Proposed law requires a health insurance issuer to impose the confidentiality protections of proposed law on any third parties or vendors with which it contracts that may receive or have access to rebate information.

Proposed law applies to health insurance issuers that offer or renew health benefit plans for sale in the state on or after Jan. 1, 2020.

Effective August 1, 2018.

(Amends R.S. 44:4.1(B)(11); adds R.S. 22:976)

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