

2025 Regular Session

SENATE BILL NO. 182

BY SENATORS TALBOT, BARROW, BOUDREAUX, CARTER, DUPLESSIS,
EDMONDS, FESI, HARRIS, HENRY, JACKSON-ANDREWS,
JENKINS, LUNEAU, MCMATH, MILLER, OWEN, PRICE,
SELDERS, STINE AND WOMACK

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

MEDICAID. Provides relative to Medicaid prior authorization during a declared emergency.
(8/1/25)

AN ACT

To enact R.S. 46:460.76.3, relative to Medicaid prior authorization during a declared
emergency; to authorize the Louisiana Department of Health to suspend prior
authorization requirements for certain Medicaid recipients during a declared
emergency; to require payments to certain providers without prior authorization; to
provide for documentation; to provide for notification to Medicaid recipients; and
to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 46:460.76.3 is hereby enacted to read as follows:

§460.76.3. Prior authorization; suspension during state of emergency

**A. During a state of emergency declared by the governor, the Louisiana
Department of Health may suspend utilization management requirements,
including but not limited to prior authorization and concurrent review
requirements for the Medical Assistance Program to ensure uninterrupted
access to medically necessary healthcare services, including diagnostics,
treatments, medications, and supportive services.**

B. Any Medicaid managed care organization, pharmacy benefit

1 manager, or entity responsible for fee-for-service claims processing shall
2 reimburse providers for medically necessary drugs, services, equipment,
3 supplies, and therapies provided to Medicaid recipients during the emergency
4 without requiring prior authorization. Any Medicaid managed care
5 organization, pharmacy benefit manager, or entity responsible for fee-for-
6 service claims processing shall reimburse any out-of-state provider that
7 provided essential medical care to a Louisiana Medicaid recipient who
8 evacuated out of state, whether voluntarily or involuntarily, without requiring
9 prior authorization.

10 C. The prior authorization suspension provided for in this Section shall
11 only apply to Medicaid recipients who reside within the designated emergency
12 area.

13 D. The Medicaid managed care organizations shall notify Medicaid
14 recipients of prior authorization suspensions, uninterrupted care access, and
15 rights during emergencies. Notifications should be distributed through
16 healthcare providers, community outreach, and online platforms to ensure all
17 patients, especially vulnerable or displaced individuals, are aware of the
18 provisions of this Section and can make informed decisions about their care.

The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Senate Legislative Services. The keyword, summary, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

DIGEST

SB 182 Reengrossed

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Talbot

Proposed law authorizes the La. Dept. of Health to suspend prior authorization requirements for Medicaid during a declared emergency to ensure uninterrupted access to medically necessary health care.

Proposed law requires Medicaid to reimburse providers for medically necessary drugs, services, equipment, supplies, and therapies provided to Medicaid recipients during the emergency without requiring prior authorization.

Proposed law requires Medicaid to reimburse any out-of-state provider that provided essential care to a La. Medicaid recipient who evacuated out-of-state without requiring prior authorization.

Proposed law requires the Medicaid managed care organizations to notify Medicaid

recipients of prior authorization suspensions, uninterrupted care access, and rights during emergencies.

Effective August 1, 2025.

(Adds R.S. 46:460.76.3)

Summary of Amendments Adopted by Senate

Senate Floor Amendments to engrossed bill

1. Expand the covered medical care from cancer treatment to all medically necessary care.
2. Make technical changes.