Murray (SB 154) Act No. 144

<u>Prior law</u> provided that any health care coverage plan which is issued for delivery, delivered, renewed, or otherwise contracted for in this state on or after January 1, 2011, shall provide coverage for step therapy or fail first protocols.

<u>New law</u> retains <u>prior law</u> and requires that any health care coverage plan which includes prescription benefits as part of its policy or contract, which utilizes step therapy or fail first protocols, comply with the provisions of law.

<u>Prior law</u> provided that when medications for the treatment of any medical condition are restricted for use by an insurer by a step therapy or fail first protocol, the prescribing physician shall have access to a clear and convenient process to request an override of the restriction. Further provided that an override of such restriction shall be expeditiously considered by the insurer under certain circumstances.

<u>New law</u> retains <u>prior law</u> but provides that an override of such restriction shall be expeditiously granted by the insurer under certain circumstances.

<u>Prior law</u> provided several circumstances in which a prescribing physician may demonstrate why a request for an restriction override is necessary for a patient.

<u>New law</u> retains <u>prior law</u> and clarifies that the circumstances demonstrated by the prescribing physician are to be submitted to the health coverage plan.

<u>Prior law</u> provided a circumstance in which the prescribing physician can request an override of a restriction, when the treatment is expected to be ineffective, based on the known relevant physical or mental characteristics of the insured and known characteristics of the drug regimen.

<u>New law</u> adds provision that the prescribing physician demonstrate that the preferred treatment is reasonably expected to be ineffective based on the patient's medical history.

<u>Prior law</u> provided that the duration of any step therapy or fail first protocol shall not be longer than the customary period for the medication when such treatment is deemed clinically ineffective by the prescribing physician.

<u>New law</u> revises <u>prior law</u> to require such treatment to be demonstrated by the prescribing physician to be clinically ineffective.

<u>Prior law</u> required the prescribing physician to demonstrate that the originally prescribed medication is likely to require more than the customary time for relief or amelioration of the condition to the insured. Further provided that in such cases the treatment may be extended for a period of time to be determined by the physician.

<u>New law</u> changes <u>prior law</u> by requiring the health coverage plan (instead of the prescribing physician) to demonstrate that the medication will require more time to correct the insured's condition. <u>New law</u> further changes <u>prior law</u> by providing that treatment in such cases may be extended <u>from</u> a period of time to be determined by the physician <u>to</u> an additional period of time no longer than the original customary period for the medication.

Effective August 15, 2011.

(Amends R.S. 22:1053(A), (B), and (C))