SLS 10RS-817 ENGROSSED

Regular Session, 2010

SENATE BILL NO. 421

BY SENATOR MURRAY

1

HEALTH/ACC INSURANCE. Provides relative to therapeutic switching of medications under certain circumstances. (8/15/10)

AN ACT

2 To enact R.S. 22:1052, relative to therapeutic switching of medications under certain 3 circumstances; and to provide for related matters. Be it enacted by the Legislature of Louisiana: 4 5 Section 1. R.S. 22:1052 is hereby enacted to read as follows: 6 §1052. Requirement for coverage of therapeutic switching of medications A. Notwithstanding the provisions of R.S. 22:1047 to the contrary, any 8 health care coverage plan specified in Subsection D of this Section which is 9 issued for delivery, delivered, renewed, or otherwise contracted for in this state 10 on or after January 1, 2011, shall provide coverage for the therapeutic switching 11 of medications as provided in this Section. B. When medications for the treatment of any medical condition are 12 13 restricted for use by an insurer by a step therapy or fail first protocol, the 14 prescribing physician shall have access to a clear and convenient process to 15 expeditiously request an override of such restriction from the insurer. An override of such restriction shall be expeditiously granted by the insurer under 16 17 the following circumstances:

25

1	(1) The prescribing physician can demonstrate that the preferred
2	treatment required under step therapy or fail first protocol has been ineffective
3	in the treatment of the insured's disease or medical condition; or
4	(2) The prescribing physician can demonstrate that the preferred
5	treatment required under the step therapy or fail first protocol is expected or
6	likely to be ineffective based on the known relevant physical or mental
7	characteristics of the insured and known characteristics of the drug regimen;
8	<u>or</u>
9	(3) The prescribing physician can demonstrate that the preferred
10	treatment required under the step therapy or fail first protocol will cause or will
11	likely cause an adverse reaction or other physical harm to the insured.
12	C. The duration of any step therapy or fail first protocol shall not be
13	longer than the customary period for the medication when such treatment is
14	deemed clinically ineffective by the prescribing physician. When the
15	prescribing physician can demonstrate, through sound clinical evidence, that
16	the originally prescribed medication is likely to require more than the
17	customary period for such medication to provide any relief or an amelioration
18	to the insured, the step therapy or fail first protocol may be extended for a
19	period of time to be determined by the physician.
20	D. As used in this Section, a "health coverage plan" shall mean any
21	hospital, health, or medical expense insurance policy, hospital or medical
22	service contract, employee welfare benefit plan, contract or agreement with a
23	health maintenance organization or a preferred provider organization, health
24	and accident insurance policy, or any other insurance contract of this type,

including a group insurance plan and the Office of Group Benefits programs.

The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Cheryl Horne.

DIGEST

Murray (SB 421)

<u>Proposed law</u> requires 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 the therapeutic switching of medications.

<u>Proposed law</u> provides 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 expeditiously request an override of such restriction from the insurer. Provides for an override of the restriction under the following circumstances:

- (a) The prescribing physician can demonstrate that the preferred treatment required under step therapy or fail first protocol has been ineffective in the treatment of the insured's disease or medical condition; or
- (b) The prescribing physician can demonstrate that the preferred treatment required under the step therapy or fail first protocol is expected or likely to be ineffective based on the known physical or mental characteristics of the insured and known characteristics of the drug regimen; or
- (c) The prescribing physician can demonstrate that the preferred treatment required under the step therapy or fail first protocol will cause or likely cause an adverse reaction or other physical harm to the insured.

<u>Proposed law</u> requires the duration of any step therapy or fail first protocol not be longer than the customary period for the medication when such treatment is deemed clinically ineffective by the prescribing physician. Provides for an extension of the step therapy or fail first protocol for a period of time to be determined by the physician when the prescribing physician can demonstrate that the prescribed medication requires more than the customary period for the medication to provide any relief.

Effective August 15, 2010.

(Adds R.S.22:1052)

Summary of Amendments Adopted by Senate

<u>Committee Amendments Proposed by Senate Committee on Insurance to the original</u> bill.

- 1. Removes the demonstration of sound clinical evidence and medical scientific evidence by a prescribing physician.
- 2. Makes technical changes.
- 3. Changes the duration of any step therapy or fail first protocol from a period of fourteen days to the customary period for the medication when such treatment is deemed clinically ineffective.
- 4. Changes the two week period for the medication to provide relief to the customary period for the medication to provide relief.

Page 3 of 4

Coding: Words which are struck through are deletions from existing law; words in **boldface type and underscored** are additions.

5. Changes the extension of step therapy or fail first protocol from seven additional days to a period of time to be determined by the physician.