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The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Beth O'Quin.

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SB 110 Engrossed

DIGEST  
2023 Regular Session

Talbot

Proposed law establishes the "Cancer Patient's Right to Prompt Coverage Act".

Proposed law adds definitions for health coverage plan, health insurance issuer, nationally recognized clinical practice guidelines, consensus statements, prior authorization, utilization review, and positron emission tomography.

Proposed law requires an expeditious review when an insured's health condition requires an expeditious review that in all cases is no later than 36 hours from the time a request for utilization review was submitted to a health insurance issuer from a health insurance provider requesting a utilization review determination for any procedure, pharmaceutical or diagnostic test to be provided or performed for an insured with a prior history of cancer, symptoms that indicate the possibility of a cancer diagnosis, or has an ongoing case involving cancer and the procedure, pharmaceutical, or diagnostic test is related to that cancer, the health insurance issuer shall render a determination and communicate that determination to the healthcare provider.

Proposed law prohibits a health insurance coverage plan that has coverage for cancer from denying a utilization review or payment of claims for any procedure, pharmaceutical or diagnostic test to be provided or performed for an insured with a prior history of cancer, symptoms that indicate the possibility of a cancer diagnosis, or has an ongoing case involving cancer if the procedure, pharmaceutical, or diagnostic test is related to that cancer, and the procedure, pharmaceutical, or diagnostic test is recommended by nationally recognized clinical practice guidelines or consensus statements.

Proposed law prohibits a health coverage plan that has coverage for cancer from denying a request for utilization review or the payment of claim for any procedure, pharmaceutical or diagnostic test to be provided or performed for an insured with a history of cancer, symptoms that indicate the possibility of a cancer diagnosis, or has an ongoing case involving cancer if the procedure, pharmaceutical, or diagnostic test is related to that cancer, and the procedure, pharmaceutical, or diagnostic test is recommended by nationally recognized clinical practice guidelines or consensus statements.

Proposed law prohibits a health coverage plan that provides coverage for cancer to deny coverage of a positron emission tomography or other recommended imaging for the purpose of diagnosis, treatment, appropriate management, restaging, or ongoing monitoring of an insured's disease or condition if the insured has a prior history of cancer or the insured's symptoms indicate the possibility of a cancer diagnosis, and the positron emission tomography or other recommended imaging is recommended for the diagnosis, treatment, appropriate management, restaging, or ongoing monitoring of the patient's cancer diagnosis by nationally recognized clinical practice

guidelines or consensus statements.

Proposed law prohibits a health coverage plan that provides coverage for cancer to require an insured to undergo any test for the purpose of diagnosis, treatment, appropriate management, restaging, or ongoing monitoring of an insured's disease or condition of cancer that is not recommended by nationally recognized clinical practice guidelines or consensus statements as a condition precedent to receiving a positron emission tomography or other recommended imaging when the positron emission tomography or other recommended imaging is recommended by the guidelines provided by proposed law.

Proposed law provides a health insurance plan under this proposed law is authorized to apply annual deductibles, coinsurance, and copayment provisions as are consistent with those established under the health coverage plan.

Proposed law requires all health coverage plans under this proposed law to provide in addition to providing coverage for an insured admitted on an inpatient basis to a licensed hospital providing rehabilitation, long-term acute care or skilled nursing services, to provide coverage for claims for any outpatient services provided to the patient for the treatment of cancer.

Proposed law provides a health insurance plan under this proposed law is authorized to apply annual deductibles, coinsurance, and copayment provisions as are consistent with those established under the health coverage plan.

Effective August 1, 2023.

(Adds R.S. 22:1060.11-1060.16)

#### Summary of Amendments Adopted by Senate

##### Committee Amendments Proposed by Senate Committee on Insurance to the original bill

1. Clarifies that no plan shall deny a request for utilization review or payment of any procedure or test performed on an insured with a prior history of cancer.
2. Makes technical changes.