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

DIGEST

SB 110 Reengrossed 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 for any service related to the diagnosis or treatment of cancer which requires prior authorization under the health coverage plan requires an expedited review to the provider requesting prior authorization, and requires the health insurance issuer to communicate its decision on the prior authorization request as soon as possible, but no later than 48 hours from the receipt of the request for expedited review. Provides that if the issuer needs additional information to make its determination, the proposed law requires the issuer to communicate with the provider as soon as possible, but no later than 48 hours from the receipt of the additional information.

Proposed law requires for any service related to the diagnosis or treatment of cancer which requires prior authorization under the health coverage plan and the provider did not request an expedited review, the issuer is required to communicate its decision on the prior authorization request no later than five days from the receipt of the request for expedited review. Provides that if the issuer needs additional information to make its determination, the proposed law requires the issuer to communicate with the provider no later than 14 days from the receipt of the additional information.

Proposed law prohibits a health insurance coverage plan that has coverage for cancer from denying a prior authorization or payment of claims for any procedure, pharmaceutical or diagnostic test to be provided or performed for the diagnosis and treatment of 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 for use in the diagnosis or treatment for the insured's particular type of cancer and clinical state.

Proposed law prohibits a health issuer 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 imaging is being requested for the diagnosis, treatment, or ongoing monitoring of cancer and is recommended by nationally recognized clinical practice guidelines or consensus statements.

Proposed law prohibits a health coverage plan that is renewed, delivered, or issued for delivery in this state shall undergo any imaging test for the purpose of diagnosis, treatment, appropriate

management, restaging, or ongoing monitoring of an insured's disease or condition if the imaging is being requested for the diagnosis, treatment, or ongoing monitoring of cancer and is recommended by nationally recognized clinical practice guidelines or consensus statements as a precedent to receiving a positron emission tomography or other recommended imaging is recommended by the guidelines provided by the 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 otherwise covered and authorized 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.

The Act is effective for any new policy, contract, program, or health coverage plan in effect prior to January 1, 2024, and for any policy, contract, or health coverage plan in effect prior to January 1, 2024, the policy, contract, or health coverage in effect is required to conform to the provisions of this Act on or before the renewal date, but no later than January 1, 2025.

(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.

Senate Floor Amendments to engrossed bill

1. Changes the prior authorization time period for a request by a provider for an expedited review from 36 hours to 48 hours, and adds if the issuer needs additional information, the issuer is required to make its determination as soon as possible or no later than 48 hours from the receipt of the information.

2. Adds the prior authorization time period for a request by a provider that is not an expedited request is five days from the receipt of the request, and if the issuer needs additional information, no later than 14 days from the receipt of the information.

3. Changes from a utilization review to prior authorization.

4. Changes the conditions for a positron emission tomography (PET)test.

5. Adds imaging to tests that an insured would have to undergo for a PET test.

6. Adds otherwise covered and authorized for outpatient treatment.

7. The effective date is changed to January 1, 2024, for any new policy, contract, program, or health plan, and requires any policy, contract, program or health plan issued prior to January 1, 2024, to conform the provisions of this Act on or before the renewal date, but no later than January 1, 2025.