SENATE SUMMARY OF HOUSE AMENDMENTS

SB 110 **2023 Regular Session** **Talbot**

KEYWORD AND SUMMARY AS RETURNED TO THE SENATE

INSURANCE POLICIES: Provides for patient's right to prompt coverage. (8/1/23) (RE2 INCREASE SG EX See Note)

SUMMARY OF HOUSE AMENDMENTS TO THE SENATE BILL

1. Removes the definition and all references to "consensus statements".

2. Clarifies services are "typically covered under the plan".

3. Changes the time allowable for a decision on prior authorization from 48 hours to two business days for an expedited review.

4. Changes the time allowable for a decision on prior authorization when additional information is needed from 14 days to two business days.

5. Adds a requirement that prior authorization only applies to the diagnosis or treatment of cancer.

6. Excludes non-melanomatous skin cancer from the proposed law.

7. Prohibits a health insurance issuer from requiring utilization review to assess the effectiveness of a procedure, pharmaceutical, or test.

8. Makes technical changes.

DIGEST OF THE SENATE BILL AS RETURNED TO THE SENATE

SB 110 Reengrossed 2023 Regular Session Talbot

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

Proposed law defines "health coverage plan", "health insurance issuer", "nationally recognized clinical practice guidelines", "positron emission tomography", "prior authorization", and "utilization review".

Proposed law requires a health insurance issuer (issuer) to offer an expedited review to the provider requesting prior authorization for any service related to the diagnosis or treatment of cancer. Requires the issuer to communicate its decision of prior authorization as soon as possible, but no later than two business days from the receipt of the request for expedited review. Further provides that if the issuer needs and requests additional information to make its determination, the issuer is required to communicate its decision to the provider as soon as possible, but no later than 48 hours from the receipt of the additional information.

For any service typically covered under the plan and 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, proposed law requires the issuer to communicate its decision on the prior authorization request no later than five days from the receipt of the request. Further provides that if the issuer needs additional information to make its determination, the issuer is required to communicate with the provider no later than two business days from the receipt of the additional information. Further provides that the provisions of proposed law only apply to the diagnosis or treatment of cancer, except for non-melanoma skin cancer.

Proposed law prohibits a health coverage plan 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 test is recommended by nationally recognized clinical practice guidelines for use in the diagnosis or treatment of the insured's specific type of cancer and clinical state.

Proposed law prohibits an issuer from denying coverage of a positron emission tomography or 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. This provision shall not apply to non-melanoma skin cancer.

Proposed law prohibits a health coverage plan from requiring an insured to 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 that is recommended by nationally recognized clinical practice guidelines, as a precedent to receiving a positron emission tomography, when the positron emission tomography is recommended by the guidelines of proposed law.

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, proposed law requires a health coverage plan to provide coverage for claims for any otherwise covered and authorized outpatient services to the patient for the treatment of cancer.

Proposed law authorizes a health coverage plan to apply annual deductibles, coinsurance, and copayment provisions as are consistent with those established under the health coverage plan.

The provisions of this Act apply to any new policy, contract, program, or health coverage plan issued on and after Jan. 1, 2024, and requires any policy, contract, or health coverage plan in effect prior to Jan. 1, 2024, to conform to the provisions of Act on or before the renewal date, but no later than Jan. 1, 2025.

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

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