

## RÉSUMÉ DIGEST

ACT 162 (SB 58)

2024 Regular Session

Talbot

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

New law retains existing law but adds a definition for "consensus statements" to mean statements developed by an independent, multidisciplinary panel of experts that utilize a transparent methodology and reporting structure and provides for a conflict-of-interest policy that are published in impactful scientific journals. New law provides these statements are aimed at specific clinical circumstances and based on the best available evidence for the purpose of optimizing the outcomes of clinical care.

Existing law prohibited 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.

New law retains existing law but 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 consensus statements for use in the diagnosis or treatment of the insured's specific type of cancer and clinical state.

New law provides that the commissioner of insurance (commissioner) may issue penalties or cease and desist orders if he determines that any health insurance issuer is not in compliance with new law.

New law provides monetary penalties for violations of cease and desist orders.

New law authorizes the commissioner to revoke, suspend, or nonrenew a certificate of authority of any health insurance issuer for noncompliance. New law permits any aggrieved health insurance issuer the opportunity to seek judicial review of certain decisions by the commissioner.

New law applies to any new policy, contract, program, or health coverage plan issued on or after Jan. 1, 2025.

Effective May 23, 2024.

(Amends R.S. 22:1060.14; adds R.S. 22:1060.12(7) and 1060.17)