

2023 Regular Session

SENATE BILL NO. 110

BY SENATOR TALBOT

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

INSURANCE POLICIES. Provides for patient's right to prompt coverage. (8/1/23)

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AN ACT

To enact Subpart B-2 of Part III of Chapter 4 of Title 22 of the Louisiana Revised Statutes of 1950, to be comprised of R.S. 22:1060.11 through 1060.16, relative to health insurance; to provide for a short title; to provide for definitions; to provide for time periods for prior authorization determinations; to provide for insurance coverage for positron emission tomography imaging under certain conditions; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. Subpart B-2 of Part III of Chapter 4 of Title 22 of the Louisiana Revised Statutes of 1950, comprised of R.S. 22:1060.11 through 1060.16, is hereby enacted to read as follows:

**SUBPART B-2 Cancer Patient's Right to Prompt Coverage Act**

**§1060.11. Short title**

**This Subpart shall be known and may be cited as the "Cancer Patient's Right to Prompt Coverage Act".**

**§1060.12. Definitions**

**As used in this Subpart the following definitions apply unless the context**

1 indicates otherwise:

2 (1) "Health coverage plan" means any hospital, health, or medical  
3 expense insurance policy, hospital or medical service contract, employee welfare  
4 benefit plan, contract, or other agreement with a health maintenance  
5 organization or a preferred provider organization, health and accident  
6 insurance policy, or any other insurance contract of this type in this state,  
7 including a group insurance plan or self-insurance plan and the office of group  
8 benefits. "Health coverage plan" does not include a plan providing coverage for  
9 excepted benefits defined in R.S. 22:1061, limited benefit health insurance plans,  
10 and short-term policies that have a term of less than twelve months.

11 (2) "Health insurance issuer" means an entity subject to the Louisiana  
12 Insurance Code and applicable regulations, or subject to the jurisdiction of the  
13 commissioner, that contracts or offers to contract, or enters into an agreement  
14 to provide, deliver, arrange for, pay for, or reimburse any of the costs of  
15 healthcare services, including a sickness and accident insurance company, a  
16 health maintenance organization, a preferred provider organization or any  
17 similar entity, or any other entity providing a plan of health insurance or health  
18 benefits.

19 (3) "Nationally recognized clinical practice guidelines" means  
20 evidence-based clinical guidelines developed by independent organizations or  
21 medical professional societies, including but not limited to National  
22 Comprehensive Cancer Network, the American Society of Clinical Oncology,  
23 or the American Society of Hematology, utilizing a transparent methodology  
24 and reporting structure and having policies against conflict-of-interest. The  
25 guidelines shall establish best practices informed by a systematic review of  
26 evidence and an assessment of the benefits and costs alternative care options  
27 and include recommendations intended to optimize patient care.

28 (4) "Consensus statements" means statements developed by an  
29 independent, multidisciplinary panel of experts utilizing a transparent

1 methodology and reporting structure and with a conflict-of-interest policy. The  
2 statements are aimed at specific clinical circumstances and based on the best  
3 available evidence for the purpose of optimizing the outcomes of clinical care.

4 (5) "Prior authorization" means a determination by a health insurance  
5 issuer, or person contracting with a health insurance issuer that healthcare  
6 services ordered by the provider to an individual or an enrollee are medically  
7 necessary and appropriate.

8 (6) "Utilization review" means a set of formal techniques designed to  
9 monitor the use of, or evaluate the clinical necessity, appropriateness, efficacy,  
10 or efficiency of, healthcare services, procedures, or settings. Techniques, shall  
11 include but are not limited to, ambulatory review, prior authorization, second  
12 opinion, certification, concurrent review, case management, discharge planning  
13 or retrospective review. Utilization review shall not include elective requests for  
14 clarification of coverage.

15 (7) "Positron emission tomography" means an imaging test that uses  
16 radioactive substances to visualize and measure metabolic processes in the body  
17 to help reveal how tissue and organs are functioning.

18 **§1060.13. Prior authorization; time periods**

19 As expeditiously as required by the insured's health condition, but in all  
20 cases no later than thirty-six hours from the time a request for utilization  
21 review was submitted to a health insurance issuer by a healthcare provider  
22 requesting, a utilization review determination for any procedure,  
23 pharmaceutical or diagnostic test to be provided or performed for an insured  
24 with a history of cancer, symptoms that indicate the possibility of a cancer  
25 diagnosis, or has an ongoing case involving cancer and the procedure,  
26 pharmaceutical, or diagnostic test is related to that cancer, the health insurance  
27 issuer shall render a determination and communicate that determination to the  
28 healthcare provider.

29 **§1060.14. Requirement to cover services consistent with nationally recognized**

1                    clinical practice guidelines or consensus statements

2                    No health coverage plan that is renewed, delivered, or issued for delivery  
3                    in this state that provides coverage for cancer in accordance with the Louisiana  
4                    Insurance Code shall deny a request for utilization review or the payment of  
5                    claim for any procedure, pharmaceutical or diagnostic test to be provided or  
6                    performed for an insured with a prior history of cancer, symptoms that indicate  
7                    the possibility of a cancer diagnosis, or has an ongoing case involving cancer if  
8                    the procedure, pharmaceutical, or diagnostic test is related to that cancer, and  
9                    the procedure, pharmaceutical, or diagnostic test is recommended by nationally  
10                  recognized clinical practice guidelines or consensus statements.

11                  §1060.15. Required coverage for positron emission tomography or other  
12                  recommended imaging for cancer

13                  A. No health insurance issuer shall deny coverage of a positron emission  
14                  tomography or other recommended imaging for the purpose of diagnosis,  
15                  treatment, appropriate management, restaging, or ongoing monitoring of an  
16                  individual's disease or condition if the insured has a prior history of cancer or  
17                  the insured has symptoms that indicate the possibility of a cancer diagnosis, and  
18                  the positron emission tomography or other recommended imaging is  
19                  recommended for the diagnosis, treatment, appropriate management, restaging,  
20                  or ongoing monitoring of the patient's cancer diagnosis by nationally recognized  
21                  clinical practice guidelines or consensus statements.

22                  B. No health coverage plan that is renewed, delivered, or issued for  
23                  delivery in this state shall require an insured to undergo any test for the  
24                  purpose of diagnosis, treatment, appropriate management, restaging, or  
25                  ongoing monitoring of an insured's disease or condition of cancer that is not  
26                  recommended by nationally recognized clinical practice guidelines or consensus  
27                  statements as a condition precedent to receiving a positron emission  
28                  tomography or other recommended imaging when the positron emission  
29                  tomography or other recommended imaging is recommended by the guidelines

1 **provided by this Subpart.**

2 **C. The coverage provided in this Section may be subject to annual**  
 3 **deductibles, coinsurance, and copayment provisions as are consistent with those**  
 4 **established under the health coverage plan.**

5 **§1060.16. Coverage for outpatient cancer treatments**

6 **A. All health coverage plans renewed, delivered, or issued for delivery**  
 7 **in this state shall, in addition to providing coverage for an insured admitted on**  
 8 **an inpatient basis to a licensed hospital providing rehabilitation, long-term**  
 9 **acute care or skilled nursing services, provide coverage for claims for any**  
 10 **outpatient services provided to the patient for the treatment of cancer.**

11 **B. The coverage provided in this Section may be subject to annual**  
 12 **deductibles, coinsurance, and copayment provisions as are consistent with those**  
 13 **established under the health coverage plan.**

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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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DIGEST

SB 110 Engrossed

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.