RÉSUMÉ DIGEST

ACT 254 (SB 110) **2023 Regular Session** **Talbot**

New law establishes the "Cancer Patient's Right to Prompt Coverage Act" and defines "health coverage plan", "health insurance issuer", "nationally recognized clinical practice guidelines", "positron emission tomography", "prior authorization", and "utilization review".

New 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.

New law 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. 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.

New law provides 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, then requires the issuer to communicate its decision on the prior authorization request no later than five days from the receipt of the request. New law 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. New law only applies to the diagnosis or treatment of cancer, except for non-melanoma skin cancer.

New 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.

New law prohibits an issuer from denying coverage of a positron emission tomography (PET) 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. New law does not apply to non-melanoma skin cancer.

New 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 PET, when the PET is recommended by the guidelines of new law.

New law requires a health coverage plan to provide 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 to the patient for the treatment of cancer.

New 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.

New law applies to any new policy, contract, program, or health coverage plan issued on and after January 1, 2024. Requires any policy, contract, or health coverage plan in effect prior to January 1, 2024, to conform to the new law on or before the renewal date, but no later than January 1, 2025.

Effective August 1, 2023.

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