

SENATE BILL NO. 58

BY SENATOR TALBOT

1 AN ACT

2 To amend and reenact R.S. 22:1060.14 and to enact R.S. 22:1060.12(7) and 1060.17,
3 relative to health insurance; to provide a definition for consensus statements; to
4 prohibit a health coverage plan from denying a prior authorization or payment of
5 claims for cancer under certain circumstances; to provide enforcement procedures;
6 to provide for technical changes; to provide for applicability; to provide an effective
7 date; and to provide for related matters.

8 Be it enacted by the Legislature of Louisiana:

9 Section 1. R.S. 22:1060.14 is hereby amended and reenacted and R.S. 22:1060.12(7)
10 and 1060.17 are hereby enacted to read as follows:

11 §1060.12. Definitions

12 As used in this Subpart, the following definitions apply unless the context
13 indicates otherwise:

14 * * *

15 **(7) "Consensus statements" means statements developed by an**
16 **independent, multidisciplinary panel of experts utilizing a transparent**
17 **methodology and reporting structure and with a conflict-of-interest policy that**
18 **are published in impactful scientific journals. The statements are aimed at**
19 **specific, and often times rare, clinical circumstances and based on the best**
20 **available evidence for the purpose of optimizing the outcomes of clinical care.**

21 * * *

22 §1060.14. Requirement to cover services consistent with nationally recognized
23 clinical practice guidelines **or consensus statements**

24 A. No health coverage plan that is renewed, delivered, or issued for delivery
25 in this state that provides coverage for cancer in accordance with the Louisiana
26 Insurance Code shall deny a request for prior authorization or the payment of a claim
27 for any procedure, pharmaceutical, or diagnostic test typically covered under the plan

1 to be provided or performed for the diagnosis and treatment of cancer if the
 2 procedure, pharmaceutical, or diagnostic test is recommended by nationally
 3 recognized clinical practice guidelines **or consensus statements** for use in the
 4 diagnosis or treatment for the insured's particular type of cancer and clinical state.

5 B. The provisions of this Section shall not prohibit a health insurance issuer
 6 from requiring utilization review to assess the effectiveness of the procedure,
 7 pharmaceutical, or test for the insured's condition, but if the procedure,
 8 pharmaceutical, or test is what is recommended by nationally recognized clinical
 9 practice guidelines **or consensus statements** for use in the diagnosis or treatment for
 10 the insured's particular type of cancer and clinical state, then any associated prior
 11 authorization shall be approved within the time limit specified in R.S. 22:1060.13.

12 * * *

13 **§1060.17. Enforcement provisions**

14 **A. Whenever the commissioner has reason to believe that any health**
 15 **insurance issuer is not in compliance with any of the provisions of this Subpart,**
 16 **he shall notify the health insurance issuer. The commissioner may, in addition**
 17 **to the penalties in Subsection C of this Section, issue and cause to be served**
 18 **upon the health insurance issuer an order requiring the health insurance issuer**
 19 **to cease and desist from any violation.**

20 **B. Any health insurance issuer who violates a cease and desist order**
 21 **issued by the commissioner pursuant to this Subpart while the order is in effect**
 22 **shall be subject to one or more of the following at the commissioner's discretion:**

23 **(1) A monetary penalty of not more than twenty-five thousand dollars for**
 24 **each act or violation and every day the health insurance issuer is not in**
 25 **compliance with the cease and desist order, not to exceed an aggregate of two**
 26 **hundred fifty thousand dollars for any six-month period.**

27 **(2) Suspension or revocation of the health insurance issuer's certificate**
 28 **of authority to operate in this state.**

29 **(3) Injunctive relief from the district court of the district in which the**
 30 **violation may have occurred or in the Nineteenth Judicial District Court.**

1 C. As a penalty for violating this Subpart, the commissioner may refuse
 2 to renew, or may suspend or revoke the certificate of authority of any health
 3 insurance issuer. In lieu of suspension or revocation of a certificate of authority,
 4 the commissioner may levy a monetary penalty of not more than one thousand
 5 dollars for each act or violation, not to exceed an aggregate of two hundred fifty
 6 thousand dollars.

7 D. An aggrieved party affected by the commissioner's decision, act, or
 8 order may demand a hearing in accordance with Chapter 12 of this Title, R.S.
 9 22:2191 et seq., except as otherwise provided by this Subpart. If a health
 10 insurance issuer has demanded a timely hearing, the penalty, fine, or order by
 11 the commissioner shall not be imposed until the time as the division of
 12 administrative law makes a finding that the penalty, fine, or order is warranted
 13 in a hearing held in the manner provided in Chapter 12 of this Title.

14 Section 2. The provisions of this Act apply to any new policy, contract, program, or
 15 health coverage plan issued on and after January 1, 2025.

16 Section 3. This Act shall become effective upon signature by the governor or, if not
 17 signed by the governor, upon expiration of the time for bills to become law without signature
 18 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If
 19 vetoed by the governor and subsequently approved by the legislature, this Act shall become
 20 effective on the day following such approval.

 PRESIDENT OF THE SENATE

 SPEAKER OF THE HOUSE OF REPRESENTATIVES

 GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____