

SENATE BILL NO. 110

BY SENATORS TALBOT, BARROW, BOUDREAUX, BOUIE, CARTER, CATHEY, CLOUD, CONNICK, CORTEZ, DUPLESSIS, FESI, HARRIS, HENRY, HENSGENS, HEWITT, JACKSON, MCMATH, MILLIGAN, FRED MILLS, ROBERT MILLS, MIZELL, MORRIS, PEACOCK, REESE, SMITH, STINE, TARVER, WHITE AND WOMACK AND REPRESENTATIVE GAROFALO

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

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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**

1 Right to Prompt Coverage Act".

2 §1060.12. Definitions

3 As used in this Subpart, the following definitions apply unless the context  
4 indicates otherwise:

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

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

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

30 (4) "Positron emission tomography" means an imaging test that uses

1 radioactive substances to visualize and measure metabolic processes in the body  
2 to help reveal how tissue and organs are functioning. The provisions of this  
3 Section shall not apply to non-melanomatous skin cancer.

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 include  
11 but are not limited to ambulatory review, prior authorization, second opinion,  
12 certification, concurrent review, case management, discharge planning, or  
13 retrospective review. Utilization review does not include elective requests for  
14 clarification of coverage.

15 **§1060.13. Prior authorization; time periods**

16 A. For any services typically covered under the plan and related to the  
17 diagnosis or treatment of cancer for which prior authorization is required  
18 under a health coverage plan, the health insurance issuer shall offer an  
19 expedited review to the provider requesting prior authorization. The health  
20 insurance issuer shall communicate its decision on the prior authorization  
21 request to the provider as soon as possible, but in all cases no later than two  
22 business days from the receipt of the request for expedited review. If additional  
23 information is needed and requested for the issuer to make its determination,  
24 the issuer shall communicate its decision to the provider as soon as possible, but  
25 no later than forty-eight hours from receipt of the additional information.

26 B. For any services typically covered under the plan and related to the  
27 diagnosis or treatment of cancer for which prior authorization is required  
28 under a health coverage plan and for which the health insurance issuer does not  
29 receive a request for expedited review from the provider, the issuer shall  
30 communicate its decision on the prior authorization request no later than five

1 days from the receipt of the request. If additional information is needed and  
2 requested for the issuer to make its determination, the issuer shall communicate  
3 its decision to the provider no more than two business days from receipt of the  
4 additional information.

5 C. The provisions of this Section shall apply only when the requesting  
6 provider clearly indicated that the request is related to the diagnosis or  
7 treatment of cancer.

8 D. The provisions of this Section shall not apply to non-melanomatous  
9 skin cancer.

10 §1060.14. Requirement to cover services consistent with nationally recognized  
11 clinical practice guidelines

12 A. No health coverage plan that is renewed, delivered, or issued for  
13 delivery in this state that provides coverage for cancer in accordance with the  
14 Louisiana Insurance Code shall deny a request for prior authorization or the  
15 payment of a claim for any procedure, pharmaceutical, or diagnostic test  
16 typically covered under the plan to be provided or performed for the diagnosis  
17 and treatment of cancer if the procedure, pharmaceutical, or diagnostic test is  
18 recommended by nationally recognized clinical practice guidelines for use in the  
19 diagnosis or treatment for the insured's particular type of cancer and  
20 clinical state.

21 B. The provisions of this Section shall not prohibit a health insurance  
22 issuer from requiring utilization review to assess the effectiveness of the  
23 procedure, pharmaceutical, or test for the insured's condition, but if the  
24 procedure, pharmaceutical, or test is what is recommended by nationally  
25 recognized clinical practice guidelines for use in the diagnosis or treatment for  
26 the insured's particular type of cancer and clinical state, then any associated  
27 prior authorization shall be approved within the time limit specified in R.S.  
28 22:1060.13.

29 §1060.15. Required coverage for positron emission tomography or other  
30 recommended imaging for cancer

1           A. No health insurance issuer shall deny coverage of a positron emission  
 2 tomography or other recommended imaging for the purpose of diagnosis,  
 3 treatment, appropriate management, restaging, or ongoing monitoring of an  
 4 individual's disease or condition if the imaging is being requested for the  
 5 diagnosis, treatment, or ongoing surveillance of cancer and is recommended by  
 6 nationally recognized clinical practice guidelines.

7           B. No health coverage plan that is renewed, delivered, or issued for  
 8 delivery in this state shall require an insured to undergo any imaging test for  
 9 the purpose of diagnosis, treatment, appropriate management, restaging, or  
 10 ongoing monitoring of an insured's disease or condition of cancer that is not  
 11 recommended by nationally recognized clinical practice guidelines, as a  
 12 condition precedent to receiving a positron emission tomography or other  
 13 recommended imaging, when the positron emission tomography or other  
 14 recommended imaging is recommended by the guidelines provided by this  
 15 Subpart.

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

19           §1060.16. Coverage for outpatient cancer treatments

20           A. All health coverage plans renewed, delivered, or issued for delivery  
 21 in this state shall, in addition to providing coverage for an insured admitted on  
 22 an inpatient basis to a licensed hospital providing rehabilitation, long-term  
 23 acute care or skilled nursing services, provide coverage for claims for any  
 24 otherwise covered and authorized outpatient services provided to the patient for  
 25 the treatment of cancer.

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

29           Section 2. The provisions of this Act shall apply to any new policy, contract,  
 30 program, or health coverage plan issued on and after January 1, 2024. Any policy, contract,

1 or health coverage plan in effect prior to January 1, 2024, shall convert to conform to the  
2 provisions of this Act on or before the renewal date, but no later than January 1, 2025.

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PRESIDENT OF THE SENATE

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SPEAKER OF THE HOUSE OF REPRESENTATIVES

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GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: \_\_\_\_\_