

HOUSE COMMITTEE AMENDMENTS

2023 Regular Session

Amendments proposed by House Committee on Appropriations to Reengrossed Senate Bill No. 110 by Senator Talbot

1 AMENDMENT NO. 1

2 Delete House Committee Amendment Nos. 3, 4, and 5 by the House Committee on
3 Insurance (#2676)

4 AMENDMENT NO. 2

5 On page 2, delete lines 2 through 29 in their entirety and on page 3, delete lines 1 through
6 17 in their entirety and insert the following:

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

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

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

32 **(4) "Positron emission tomography" means an imaging test that uses**
33 **radioactive substances to visualize and measure metabolic processes in the body**
34 **to help reveal how tissue and organs are functioning. The provisions of this**
35 **Section shall not apply to non-melanomatous skin cancer.**

36 **(5) "Prior authorization" means a determination by a health insurance**
37 **issuer or person contracting with a health insurance issuer that healthcare**
38 **services ordered by the provider to an individual or an enrollee are medically**
39 **necessary and appropriate.**

40 **(6) "Utilization review" means a set of formal techniques designed to**
41 **monitor the use of, or evaluate the clinical necessity, appropriateness, efficacy,**
42 **or efficiency of, healthcare services, procedures, or settings. Techniques include**
43 **but are not limited to ambulatory review, prior authorization, second opinion,**
44 **certification, concurrent review, case management, discharge planning, or**
45 **retrospective review. Utilization review does not include elective requests for**
46 **clarification of coverage."**

1 AMENDMENT NO. 3

2 On page 3, line 19, after "services" and before "related" insert "typically covered under
3 the plan and"

4 AMENDMENT NO. 4

5 On page 3, line 24, after "than" and before "from" delete "forty-eight hours" and insert
6 "two business days"

7 AMENDMENT NO. 5

8 On page 3, line 29, after "services" and before "related" insert "typically covered under
9 the plan and"

10 AMENDMENT NO. 6

11 On page 4, line 7, after "than" and before "from" delete "fourteen days" and insert "two
12 business days"

13 AMENDMENT NO. 7

14 On page 4, between lines 7 and 8, insert the following:

15 "C. The provisions of this Section shall only apply when the requesting provider
16 clearly indicated that the request is related to the diagnosis or treatment of
17 cancer.
18 D. The provisions of this Section shall not apply to non-melanomatous skin
19 cancer."

20 AMENDMENT NO. 8

21 On page 4, at the end of line 9, delete "or consensus statements"

22 AMENDMENT NO. 9

23 On page 4, at the beginning of line 10, insert "A."

24 AMENDMENT NO. 10

25 On page 4, line 13, after "test" and before "to" insert "typically covered under the plan"

26 AMENDMENT NO. 11

27 On page 4, line 16, after "guidelines" and before "for" delete "or consensus statements"

28 AMENDMENT NO. 12

29 On page 4, between lines 17 and 18, insert the following:

30 "B. The provisions of this Section shall not prohibit a health insurance issuer
31 from requiring utilization review to assess the effectiveness of the procedure,
32 pharmaceutical, or test for the insured's condition, but if the procedure,
33 pharmaceutical, or test is what is recommended by nationally recognized
34 clinical practice guidelines for use in the diagnosis or treatment for the insured's
35 particular type of cancer and clinical state, then any associated prior
36 authorization shall be approved within the time limit specified in R.S.
37 22:1060.13."

1 AMENDMENT NO. 13

2 On page 4, line 25, after "**guidelines**" delete "**or consensus statements**"

3 AMENDMENT NO. 14

4 On page 5, at the end of line 1, delete "**or consensus**" and at the beginning of line 2 delete

5 "**statements**" and insert a comma ","