

2024 Regular Session

SENATE BILL NO. 58

BY SENATOR TALBOT

INSURANCE POLICIES. Provides for patient's right to prompt coverage. (gov sig)

1 AN ACT

2 To amend and reenact R.S. 22:1060.14 and 1060.15(A) and (B) and to enact R.S.
3 22:1060.12(7) and 1060.17, relative to health insurance; to provide a definition for
4 consensus statements; to prohibit a health coverage plan from denying a prior
5 authorization or payment of claims for cancer under certain circumstances; to
6 prohibit a health insurer from denying an insurance coverage for positron emission
7 tomography imaging or other recommended imaging under certain circumstances;
8 to provide enforcement procedures; to provide for technical changes; to provide for
9 applicability; to provide an effective date; and to provide for related matters.

10 Be it enacted by the Legislature of Louisiana:

11 Section 1. R.S. 22:1060.14 and 1060.15(A) and (B) are hereby amended and
12 reenacted and R.S. 22:1060.12(7) and 1060.17 are hereby enacted to read as follows:

13 §1060.12. Definitions

14 As used in this Subpart, the following definitions apply unless the context
15 indicates otherwise:

16 * * *

17 (7) "Consensus statements" means statements developed by an

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

5 * * *

6 §1060.14. Requirement to cover services consistent with nationally recognized
 7 clinical practice guidelines or consensus statements

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

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

23 §1060.15. Required coverage for positron emission tomography or other
 24 recommended imaging for cancer

25 A. No health insurance issuer shall deny coverage of a positron emission
 26 tomography or other recommended imaging for the purpose of diagnosis, treatment,
 27 appropriate management, restaging, or ongoing monitoring of an individual's disease
 28 or condition if the imaging is being requested for the diagnosis, treatment, or
 29 ongoing surveillance of cancer and is recommended by nationally recognized clinical

1 practice guidelines or consensus statements.

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

10 * * *

11 **§1060.17. Enforcement provisions**

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

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

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

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

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

29 **C. As a penalty for violating this Subpart, the commissioner may refuse**

clinical care.

Present 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.

Proposed law retains present law but 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 consensus statements for use in the diagnosis or treatment of the insured's specific type of cancer and clinical state.

Present 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. Present law further provides this law does not apply to nonmelanoma skin cancer.

Proposed law retains present law but prohibits an issuer from denying coverage of a 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 consensus statements that are requested for the diagnosis, treatment, or ongoing monitoring of cancer.

Present 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 and is not recommended by nationally recognized clinical practice guidelines, as a precedent to receiving a PET or other recommended imaging provided by the guidelines of present law.

Proposed law retains present law but 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 but is not recommended by nationally recognized consensus statements, as a precedent to receiving a PET, or other recommended imaging provided by the guidelines of present law.

Proposed law provides that the commissioner of insurance (commissioner) may issue penalties or cease and desist orders if he determines that any health insurance issuer is not in compliance with proposed law.

Proposed law provides monetary penalties for violations of cease and desist orders.

Proposed law authorizes the commissioner to revoke, suspend, or nonrenew a certificate of authority of any health insurance issuer for noncompliance. Proposed law permits any aggrieved health insurance issuer the opportunity to seek judicial review of certain decisions by the commissioner.

Proposed law applies to any new policy, contract, program, or health coverage plan issued on or after Jan. 1, 2025 and requires any policy, contract, or health coverage plan in effect

prior to Jan. 1, 2025, shall convert to conform to the provisions of this Act on or before the renewal date, but no later than Jan. 1, 2026.

Effective upon signature of the governor or lapse of time for gubernatorial action.

(Amends R.S. 22:1060.14 and 1060.15(A) and (B); adds R.S. 22:1060.12(7) and 1060.17)