SLS 24RS-177

ORIGINAL

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

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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

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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

1	to renew, or may suspend or revoke the certificate of authority of any health
2	insurance issuer. In lieu of suspension or revocation of a certificate of authority,
3	the commissioner may levy a monetary penalty of not more than one thousand
4	dollars for each act or violation, not to exceed an aggregate of two hundred fifty
5	thousand dollars.
6	D. An aggrieved party affected by the commissioner's decision, act, or
7	order may demand a hearing in accordance with Chapter 12 of this Title, R.S.
8	22:2191 et seq., except as otherwise provided by this Subpart. If a health
9	insurance issuer has demanded a timely hearing, the penalty, fine, or order by
10	the commissioner shall not be imposed until the time as the division of
11	administrative law makes a finding that the penalty, fine, or order is warranted
12	in a hearing held in the manner provided in Chapter 12 of this Title.
13	Section 2. The provisions of this Act apply to any new policy, contract, program, or
14	health coverage plan issued on and after January 1, 2025. Any policy, contract, or health
15	coverage plan in effect prior to January 1, 2025, shall convert to conform to the provisions
16	of this Act on or before the renewal date, but no later than January 1, 2026.
17	Section 3. This Act shall become effective upon signature by the governor or, if not
18	signed by the governor, upon expiration of the time for bills to become law without signature
19	by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If
20	vetoed by the governor and subsequently approved by the legislature, this Act shall become
21	effective on the day following such approval.

The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Beth O'Quin.

SB 58 Original

DIGEST 2024 Regular Session

Talbot

<u>Present law</u> defines "health coverage plan", "health insurance issuer", "nationally recognized clinical practice guidelines", "positron emission tomography", "prior authorization", and "utilization review".

<u>Proposed law</u> retains <u>present law</u> but adds a definition for "consensus statements" to mean statements developed by an independent, multidisciplinary panel of experts that utilize a transparent methodology and reporting structure and provides for a conflict-of-interest policy. <u>Proposed law</u> provides these statements are aimed at specific clinical circumstances and based on the best available evidence for the purpose of optimizing the outcomes of

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clinical care.

<u>Present law</u> 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.

<u>Proposed law</u> retains <u>present law</u> 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.

<u>Present law</u> 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. <u>Present law</u> further provides this law does not apply to nonmelanoma skin cancer.

<u>Proposed law</u> retains <u>present law</u> 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.

<u>Present law</u> 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.

<u>Proposed law</u> retains <u>present law</u> 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 <u>present law</u>.

<u>Proposed law</u> 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 <u>proposed law</u>.

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

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

<u>Proposed law</u> 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)