

ACT No. 145

2016 Regular Session

HOUSE BILL NO. 694

BY REPRESENTATIVES MORENO, ABRAHAM, ADAMS, AMEDEE, ANDERS, BAGNERIS, BERTHELOT, BILLIOT, BISHOP, BROADWATER, CHAD BROWN, TERRY BROWN, CARPENTER, CHANEY, CROMER, DAVIS, EDMONDS, FOIL, GISCLAIR, GLOVER, HILFERTY, HILL, HODGES, HOFFMANN, HOLLIS, HORTON, HUVAL, LYONS, GREGORY MILLER, PEARSON, PIERRE, POPE, PRICE, PYLANT, REYNOLDS, SCHEXNAYDER, SEABAUGH, TALBOT, WHITE, WILLMOTT, AND ZERINGUE AND SENATORS GATTI, JOHNS, LONG, MORRISH, GARY SMITH, AND WARD

1 AN ACT

2 To amend and reenact R.S. 22:1077 and to repeal R.S. 22:272(E) and R.S. 40:2209, relative
3 to required coverage of reconstructive surgeries following mastectomies; to delete
4 the requirement that such coverage be performed under the same policy under which
5 the mastectomy was performed; to specify that such coverage shall be for breast
6 reconstruction procedures selected by the patient in consultation with attending
7 physicians; to provide with respect to covered components of reconstruction; to
8 provide with respect to notices of the availability of such coverage; to provide for
9 definitions; and to provide for related matters.

10 Be it enacted by the Legislature of Louisiana:

11 Section 1. R.S. 22:1077 is hereby amended and reenacted to read as follows:

12 §1077. Required coverage for reconstructive surgery following mastectomies

13 A. The legislature hereby finds that approximately three thousand women
14 will be diagnosed with breast cancer each year in Louisiana. Studies documenting
15 breast cancer statistics indicate that Louisiana has the highest mastectomy rate in the
16 nation: fifty-one percent of all women diagnosed with breast cancer will undergo a
17 mastectomy as part of their treatment regimen. Despite laws which require insurers
18 and physicians to inform women that breast reconstruction is an insured surgical
19 option, seven of ten women are not provided this information. The purpose of this
20 Section is to assure that state law mirrors the federal Women's Health and Cancer

1 Rights Act, to extend its application to all health insurance issuers in Louisiana, to
2 stress that decisions regarding the reconstructive procedures to be performed shall
3 be made solely by the patient in consultation with attending physicians, and to clarify
4 that all stages of breast reconstruction as defined pursuant to this Section are
5 medically necessary and shall not be excluded from coverage.

6 ~~A. B. A group health plan, a health insurance insurer providing health~~
7 ~~insurance coverage in connection with a group health plan, or health insurance~~
8 ~~coverage~~ Any health benefit plan offered by a health insurance insurer in the
9 ~~individual market issuer~~ that provides medical and surgical benefits with respect to
10 a partial or full mastectomy shall ~~provide, in the case of a participant or beneficiary~~
11 ~~who is receiving benefits in connection with a mastectomy and who elects breast~~
12 ~~reconstruction in connection with such mastectomy,~~ also provide medical and
13 surgical benefits for breast reconstruction. ~~coverage for reconstruction of the breast~~
14 ~~on which the mastectomy has been performed, coverage for surgery and~~
15 ~~reconstruction of the other breast to produce a symmetrical appearance, and coverage~~
16 ~~for prostheses and physical complications, all states of mastectomy, including~~
17 ~~lymphedemas and such~~ Such coverage shall be ~~in a manner determined in~~
18 ~~consultation with the attending physician and the patient.~~ for breast reconstruction
19 procedures selected by the patient in consultation with attending physicians. The
20 coverage provided in this Section may be subject to annual deductibles, coinsurance,
21 and copayment provisions ~~as may be deemed appropriate and~~ as are consistent with
22 those established for ~~other benefits~~ mastectomy procedures under the ~~plan or~~
23 ~~coverage.~~ health benefit plan. Written notice of the availability of coverage shall be
24 delivered to the ~~participant~~ insured or enrollee upon enrollment and annually
25 thereafter as approved by the commissioner of insurance.

26 ~~B. C. A group health plan, a health insurance insurer providing health~~
27 ~~insurance coverage in connection with a group health plan, or health insurance~~
28 ~~coverage~~ Any health benefit plan offered by a health insurance insurer in the
29 ~~individual market issuer~~ shall provide notice to each ~~participant and beneficiary~~
30 insured or enrollee under such plan regarding the coverage required by this Section

1 in accordance with regulations adopted by the ~~department~~. Department of Insurance.
 2 This notice shall be in writing and prominently positioned in any literature or
 3 correspondence made available or distributed by the plan or issuer and shall be
 4 transmitted in one of the following ways, whichever is earlier:

5 (1) In the next mailing made by the plan or ~~insurer~~ issuer to the ~~participant~~
 6 ~~or beneficiary~~. insured or enrollee.

7 (2) As part of any ~~yearly~~ annual informational packet sent to the ~~participant~~
 8 ~~or beneficiary~~. insured or enrollee.

9 ~~(3) Not later than January 1, 2000.~~

10 ~~C. D. A group health plan, a health insurance insurer offering group health~~
 11 ~~insurance coverage in connection with a group health plan, or health insurance~~
 12 ~~coverage~~ Any health benefit plan offered by a health insurance ~~insurer in the~~
 13 ~~individual market may not~~ issuer shall not. ~~do either of the following:~~

14 (1) Deny to a patient eligibility, or continued eligibility, to enroll or to renew
 15 coverage under the terms of the plan, solely for the purpose of avoiding the
 16 requirements of this Section.

17 (2) Penalize or otherwise reduce or limit the reimbursement of an attending
 18 provider, or provide monetary or nonmonetary incentives to an attending provider,
 19 to induce such provider to provide care to an ~~individual participant or beneficiary~~
 20 insured or enrollee in a manner inconsistent with this Section.

21 (3) Require that the mastectomy procedures and reconstructive procedures
 22 be performed under the same policy or plan.

23 (4) Reduce or limit coverage benefits to a patient for the reconstructive
 24 procedures performed pursuant to this Section as determined in consultation with the
 25 attending physician and patient.

26 ~~D. E.~~ In the case of a ~~group health~~ benefit plan maintained pursuant to one
 27 or more collective bargaining agreements between employee representatives and one
 28 or more employers, any plan amendment made pursuant to a collective bargaining
 29 agreement relating to the plan which amends the plan solely to conform to any

1 requirement imposed pursuant to this Section shall not be treated as a termination of
2 the collective bargaining agreement.

3 F. For purposes of this Section:

4 (1) "Breast reconstruction" means all stages of reconstruction of the breast
5 on which a mastectomy has been performed and on the other breast to produce a
6 symmetrical appearance, including but not limited to liposuction performed for
7 transfer to a reconstructed breast or to repair a donor site deformity, tattooing the
8 areola of the breast, surgical adjustments of the non-mastectomized breast,
9 unforeseen medical complications which may require additional reconstruction in the
10 future, and prostheses and physical complications, including but not limited to
11 lymphedemas.

12 (2) "Health benefit plan" means a policy, contract, certificate, or agreement
13 entered into, offered, or issued by a health insurance issuer to provide, deliver,
14 arrange for, pay for, or reimburse any of the costs of health care services. "Health
15 benefit plan" shall not include a plan providing coverage for excepted benefits as
16 defined in R.S. 22:1061 and short-term policies that have a term of less than twelve
17 months.

18 (3) "Health insurance issuer" means an entity subject to the insurance laws
19 and regulations of this state, or subject to the jurisdiction of the commissioner, that
20 contracts or offers to contract to provide, deliver, arrange for, pay for, or reimburse
21 any of the costs of health care services, including through a health benefit plan as
22 defined in this Section, and shall include a sickness and accident insurance company,
23 a health maintenance organization, a preferred provider organization, or any similar
24 entity, or any other entity providing a plan of health insurance or health benefits.

25 Section 2. R.S. 22:272(E) and R.S. 40:2209 are hereby repealed in their entirety.

26 Section 3. This Act shall become effective upon signature by the governor or, if not
27 signed by the governor, upon expiration of the time for bills to become law without signature
28 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If

1 vetoed by the governor and subsequently approved by the legislature, this Act shall become
2 effective on the day following such approval.

SPEAKER OF THE HOUSE OF REPRESENTATIVES

PRESIDENT OF THE SENATE

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____