

ACT No. 461

2018 Regular Session

HOUSE BILL NO. 690

BY REPRESENTATIVES STOKES, BILLIOT, BRASS, TERRY BROWN, CARPENTER, GARY CARTER, CHANEY, COX, CROMER, GISCLAIR, GLOVER, IVEY, JACKSON, JEFFERSON, JENKINS, LYONS, NORTON, PIERRE, SMITH, STAGNI, AND WHITE AND SENATORS ALARIO, APPEL, BARROW, CARTER, CORTEZ, ERDEY, GATTI, JOHNS, LAFLEUR, LUNEAU, MILKOVICH, MILLS, MIZELL, MORRELL, PERRY, PETERSON, PRICE, GARY SMITH, JOHN SMITH, THOMPSON, AND WALSWORTH

1 AN ACT

2 To enact R.S. 22:1077.1 and R.S. 46:975.1, relative to mandatory coverage for subsequent
3 cancer screening services for individuals who received a bilateral mastectomy; to
4 require health insurance coverage for cancer screening services for certain
5 individuals; to require notice of coverage; to prohibit certain acts by health insurance
6 issuers; to designate certain cancer screening services as Medicaid covered services;
7 to provide for applicability; to provide for an effect date; and to provide for related
8 matters.

9 Be it enacted by the Legislature of Louisiana:

10 Section 1. R.S. 22:1077.1 is hereby enacted to read as follows:

11 §1077.1. Required coverage for preventive cancer screening following a bilateral
12 mastectomy

13 A. The legislature hereby finds that after women who are diagnosed with
14 breast cancer finish active treatment, they may transition into a different system for
15 long-term survivorship care. An often overlooked, but nonetheless important,
16 component of follow-up care for cancer survivors is screening for new primary
17 cancers.

18 B.(1) Any health benefit plan delivered or issued for delivery in this state
19 shall include coverage for preventive cancer screening for a qualified covered person
20 on no less than an annual basis.

1 (2) The coverage provided in this Section may be subject to annual
2 deductibles, coinsurance, and copayment provisions as are consistent with those
3 established under the health benefit plan.

4 (3) Written notice of the availability of coverage pursuant to this Section
5 shall be delivered to the insured or enrollee upon enrollment and annually thereafter
6 as approved by the commissioner of insurance.

7 C.(1) Any health benefit plan offered by a health insurance issuer shall
8 provide notice to each insured or enrollee under the plan regarding the coverage
9 required by this Section in accordance with regulations adopted by the Department
10 of Insurance.

11 (2) The notice shall be in writing and prominently positioned in any
12 literature or correspondence made available or distributed by the plan or issuer and
13 shall be transmitted in one of the following ways, whichever is earlier:

14 (a) In the next mailing made by the plan or issuer to the insured or enrollee.

15 (b) As part of any annual informational packet sent to the insured or enrollee.

16 D. A health benefit plan offered by a health insurance issuer shall not do any
17 of the following:

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

21 (2) Penalize or otherwise reduce or limit the reimbursement of an attending
22 provider, or provide monetary or nonmonetary incentives to an attending provider,
23 to induce the provider to provide care to an insured or enrollee in a manner
24 inconsistent with this Section.

25 (3) Reduce or limit coverage benefits to a patient for the preventive services
26 performed pursuant to this Section as determined in consultation with the attending
27 physician and patient.

28 E. For purposes of this Section:

29 (1) "Health benefit plan" means any hospital, health, or medical expense
30 insurance policy, hospital or medical service contract, employee welfare benefit plan,

1 contract, or other agreement with a health maintenance organization or a preferred
2 provider organization, health and accident insurance policy, or any other insurance
3 contract of this type in this state, including a group insurance plan, a self-insurance
4 plan, and the Office of Group Benefits programs. "Health benefit plan" shall not
5 include a plan providing coverage for excepted benefits as defined in R.S. 22:1061,
6 limited benefit health insurance plans, and short-term policies that have a term of
7 less than twelve months.

8 (2) "Health insurance issuer" means an entity subject to the insurance laws
9 and regulations of this state, or subject to the jurisdiction of the commissioner, that
10 contracts or offers to contract to provide, deliver, arrange for, pay for, or reimburse
11 any of the costs of healthcare services, including through a health benefit plan as
12 defined in this Section, and shall include a sickness and accident insurance company,
13 a health maintenance organization, a preferred provider organization, or any similar
14 entity, or any other entity providing a plan of health insurance or health benefits.

15 (3) "Preventive cancer screening" means healthcare services necessary for the
16 detection of cancer in an individual including but not limited to magnetic resonance
17 imaging, ultrasound, or some combination of tests.

18 (4) "Qualified covered person" means an insured or enrollee who was
19 previously diagnosed with breast cancer, completed treatment for the breast cancer,
20 underwent a bilateral mastectomy, and was subsequently determined to be clear of
21 cancer.

22 Section 2. R.S. 46:975.1 is hereby enacted to read as follows:

23 §975.1. Preventive cancer screening following a bilateral mastectomy; medical
24 assistance program

25 A. The annual preventive cancer screening provided for in R.S. 22:1077.1
26 shall be a covered service in the medical assistance program.

27 B. For the purposes of this Section, "medical assistance program" means the
28 medical assistance program provided for in Title XIX of the Social Security Act as
29 administered by the Louisiana Department of Health.

30 Section 3(A). This Act shall become effective on January 1, 2019.

1 (B) This Act shall apply to any new policy, contract, program, or health coverage
2 plan issued on and after January 1, 2019. Any policy, contract, or health coverage plan in
3 effect prior to January 1, 2019, shall convert to conform to the provisions of this Act on or
4 before the renewal date, but no later than January 1, 2019.

SPEAKER OF THE HOUSE OF REPRESENTATIVES

PRESIDENT OF THE SENATE

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: _____