

RÉSUMÉ DIGEST

ACT 494 (HB 460)

2018 Regular Session

Stokes

New law defines "digital breast tomosynthesis" as a radiologic procedure that involves the acquisition of projection images over the stationary breast to produce cross-sectional digital three-dimensional images of the breast.

Prior law required any health coverage plan delivered or issued for delivery in this state to include benefits payable for a minimum mammography examination performed no less frequently than the following schedule:

- (1) One baseline mammogram for any woman who is 35 through 39 years of age.
- (2) One mammogram every 24 months for any woman who is 40 through 49 years of age, or more frequently if recommended by her physician.
- (3) One mammogram every 12 months for any woman who is 50 years of age or older.

New law further authorizes the mammography examination to be conducted through digital breast tomosynthesis.

Prior law applied to any new policy, contract, program, or health coverage plan issued on or after Jan. 1, 1992. Prior law further required any policy, contract, or health coverage plan in effect prior to Jan. 1, 1992, to convert to conform to the provisions of prior law on or before the renewal date but in no event later than Jan. 1, 1993.

New law repeals the effective dates and deadlines which have already passed.

Prior law did not apply, effective July 1, 1998, to the Office of Group Benefits programs.

New law retains prior law but repeals the effective date which has already passed.

Existing law establishes a statewide Breast Cancer Control Program within the Women's Health Program of the La. Dept. of Health, office of public health to provide preventive, health, and medical care that concentrates on breast cancer detection, prevention, and treatment.

Prior law required the program to provide mammography examinations routinely according to age requirements established by department regulations, or performed no less frequently than required by a treating physician.

New law further authorizes the mammography examinations to be conducted through digital breast tomosynthesis.

Prior law required the La. Dept. of Health, office of public health to provide a special program of preventive, health, and medical care for women, who otherwise qualify by law, that concentrates on cancer prevention in women. Prior law further required the program to provide a minimum mammography examination performed no less frequently than the following schedule provides:

- (1) One baseline mammogram for any woman who is 35 through 39 years of age.
- (2) One mammogram every 24 months for any woman who is 40 through 49 years of age, or more frequently if recommended by her physician.
- (3) One mammogram every 12 months for any woman who is 50 years of age or older.

New law further authorizes the mammography examination to be conducted through digital breast tomosynthesis.

Prior law also required the program to provide mammography examinations routinely according to age requirements established by department regulations, or performed no less frequently than required by a treating physician

New law further authorizes the mammography examination to be conducted through digital breast tomosynthesis.

New law requires the minimum mammography examination for women age 40 or older provided for in new law to be a covered service in the Louisiana Medicaid program.

Prior law required any health coverage plan delivered or issued for delivery in the state to provide coverage for detection of prostate cancer, including digital rectal examination and prostate-specific antigen testing for men over the age of 50 years and as medically necessary and appropriate for men over the age of 40 years. Prior law applied to any new policy, contract, program, or health coverage plan issued on and after Jan. 1, 1998 and required any policy, contract, or health coverage plan in effect prior to Jan. 1, 1998, to convert to conform to the provisions of prior law on or before the renewal date, but no later than Jan.1, 1998.

New law retains prior law but repeals all of the effective dates and deadlines which have already passed.

New law applies to any new policy, contract, program, or health coverage plan issued on and after Jan. 1, 2019. New law further requires any policy, contract, or health coverage plan in effect prior to Jan. 1, 2019, to convert to conform to the provisions of new law on or before the renewal date, but no later than Jan. 1, 2019.

Effective January 1, 2019.

(Amends R.S. 22:1028(A)(2)(intro. para.) and (4) and (D), R.S. 40:1105.13(B), and R.S. 46:975(B)(intro. para.), (C)(1), and (D); Adds R.S. 46:975(E) and 975.1; Repeals R.S. 22:1028(B)(3))