

Regular Session, 2014

HOUSE BILL NO. 1254 (Substitute for House Bill No. 336 by Representative Simon)

BY REPRESENTATIVE SIMON AND SENATOR NEVERS

HEALTH/MEDICAL TREATMENT: Provides relative to the right to treatment for a person with a terminal condition

1 AN ACT

2 To enact R.S. 22:1054 and Chapter 67 of Title 46 of the Louisiana Revised Statutes of 1950,
3 to be comprised of R.S. 46:2921, relative to access to coverage for individuals
4 diagnosed with a terminal condition; to prohibit health care plan treatment coverage
5 decisions based upon an individual's terminal diagnosis; to provide for penalties; to
6 provide for definitions; to provide for an effective date; and to provide for related
7 matters.

8 Be it enacted by the Legislature of Louisiana:

9 Section 1. R.S. 22:1054 is hereby enacted to read as follows:

10 §1054. Requirement for access to coverage for individuals in a health plan
11 diagnosed with a terminal condition

12 A. Notwithstanding any other provision of the law to the contrary and
13 particularly the provisions of R.S. 22:1047, no health care coverage plan shall deny
14 coverage for medically necessary treatment prescribed by a physician and agreed to
15 by a fully informed insured or, if the insured lacks legal capacity to consent, by a
16 person who has legal authority to consent on the insured's behalf, based solely on an
17 insured's life expectancy or the fact that the insured is diagnosed with a terminal
18 condition.

1 B. Refusing coverage for medically necessary treatment to be rendered to an
2 insured based solely on the insured's life expectancy or the fact that the insured is
3 diagnosed with a terminal condition shall be a violation of this Section.

4 C.(1) As used in this Section, "terminal condition" means any malignancy
5 or chronic end-stage cardiovascular or cerebral vascular disease that is likely to
6 result in the insured's death.

7 (2) As used in this Section, "health coverage plan" means any hospital,
8 health or medical insurance policy, hospital or medical service contract, employee
9 welfare benefit plan, contract or agreement with a health maintenance organization
10 or a preferred provider organization, health and accident insurance policy, or any
11 other insurance contract of this type, including a group insurance plan and the Office
12 of Group Benefits programs.

13 Section 2. Chapter 67 of Title 46 of the Louisiana Revised Statutes of 1950,
14 comprised of R.S. 46:2921, is hereby enacted to read as follows:

15 CHAPTER 67. INDIVIDUALS WITH A TERMINAL CONDITION

16 §2921. Requirement for access to coverage for individuals diagnosed with a terminal
17 condition

18 A. Notwithstanding any other provision of the law to the contrary, no health
19 benefit paid directly or indirectly with state funds including but not limited to
20 Medicaid shall deny coverage for medically necessary treatment prescribed by a
21 physician and agreed to by a fully informed individual or, if the individual lacks
22 legal capacity to consent, by a person who has legal authority to consent on the
23 individual's behalf, based solely on an individual's life expectancy or the fact that the
24 individual has been diagnosed with a terminal condition.

25 B. Refusing coverage for medically necessary treatment to be rendered to an
26 individual based solely on the individual's life expectancy or the fact that the
27 individual has been diagnosed with a terminal condition shall be a violation of this
28 Section.

1 C. As used in this Section, "terminal condition" means any malignancy or
 2 chronic end-stage cardiovascular or cerebral vascular disease that is likely to result
 3 in the individual's death.

4 Section 3. This Act shall become effective upon signature by the governor or, if not
 5 signed by the governor, upon expiration of the time for bills to become law without signature
 6 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If
 7 vetoed by the governor and subsequently approved by the legislature, this Act shall become
 8 effective on the day following such approval.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

Simon

HB No. 1254

Abstract: Prohibits a health insurance provider from making coverage decisions based on an insured's life expectancy or terminal condition.

Proposed law prohibits a health care coverage plan from denying coverage for medically necessary treatment prescribed by a physician and agreed to by a fully informed insured or, if the insured lacks legal capacity to consent, by a person who has legal authority to consent on the insured's behalf, based solely on an insured's life expectancy or the fact that the insured is diagnosed with a terminal condition.

Proposed law prohibits a health benefit paid directly or indirectly with state funds including but not limited to Medicaid from denying coverage for medically necessary treatment prescribed by a physician and agreed to by a fully informed individual or, if the individual lacks legal capacity to consent, by a person who has legal authority to consent on the individual's behalf, based solely on an individual's life expectancy or the fact that the individual has been diagnosed with a terminal condition.

Proposed law provides that refusing coverage for medically necessary treatment to be rendered to an individual based solely on the individual's life expectancy or the fact that the individual is diagnosed with a terminal condition shall be a violation of proposed law.

Proposed law defines "terminal condition" as any malignancy or chronic end-stage cardiovascular or cerebral vascular disease that is likely to result in the insured's death.

Proposed law defines "health coverage plan" as any hospital, health or medical insurance policy, hospital or medical service contract, employee welfare benefit plan, contract or agreement with a health maintenance organization or a preferred provider organization, health and accident insurance policy, or any other insurance contract of this type, including a group insurance plan and the Office of Group Benefits programs.

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

(Adds R.S. 22:1054 and R.S. 46:2921)