

New 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.

New 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.

New 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 new law.

New 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.

New 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 (June 5, 2014).

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