



**LEGISLATIVE FISCAL OFFICE
Fiscal Note**

Fiscal Note On: **HB 1196** HLS 26RS 2141
 Bill Text Version: **ORIGINAL**
 Opp. Chamb. Action:
 Proposed Amd.:
 Sub. Bill For.:

Date: April 14, 2026 4:53 PM	Author: FREEMAN
Dept./Agy.: LA Department of Insurance / OGB	
Subject: Classification for colorectal cancer screening colonoscopies	Analyst: Cristian Nedelea

INSURANCE/HEALTH OR NO IMPACT See Note Page 1 of 1
 Provides relative to coverage of colorectal cancer screening, colonoscopies, and associated preventive services

Present law defines routine colorectal cancer screening for purposes of required health insurance coverage and ties the definition to the most recently published recommendations by the American Cancer Society or the National Comprehensive Cancer Network. Present law further provides that the term does not include services excluded from coverage as experimental or investigational.

Proposed law provides that any colonoscopy conducted for colorectal cancer screening shall be classified as a screening service, irrespective of whether a polyp or other tissue is removed during the procedure. Proposed law establishes that any subsequent colonoscopy recommended by a healthcare provider after a screening colonoscopy will also be regarded as a screening service.

EXPENDITURES	2026-27	2027-28	2028-29	2029-30	2030-31	5 -YEAR TOTAL
State Gen. Fd.	\$0	\$0	\$0	\$0	\$0	\$0
Agy. Self-Gen.	\$0	\$0	\$0	\$0	\$0	\$0
Ded./Other	\$0	\$0	\$0	\$0	\$0	\$0
Federal Funds	\$0	\$0	\$0	\$0	\$0	\$0
Local Funds	\$0	\$0	\$0	\$0	\$0	\$0
Annual Total	\$0	\$0	\$0	\$0	\$0	\$0

REVENUES	2026-27	2027-28	2028-29	2029-30	2030-31	5 -YEAR TOTAL
State Gen. Fd.	\$0	\$0	\$0	\$0	\$0	\$0
Agy. Self-Gen.	\$0	\$0	\$0	\$0	\$0	\$0
Ded./Other	\$0	\$0	\$0	\$0	\$0	\$0
Federal Funds	\$0	\$0	\$0	\$0	\$0	\$0
Local Funds	\$0	\$0	\$0	\$0	\$0	\$0
Annual Total	\$0	\$0	\$0	\$0	\$0	\$0

EXPENDITURE EXPLANATION

There is no anticipated direct material effect on governmental expenditures as a result of this measure. The proposed law classifies all colonoscopies for colorectal cancer screening as screening services, even if polyps or tissues are removed, and extends this classification to any follow-up colonoscopies recommended by a healthcare provider.

The LA Department of Insurance (LDI) indicates that because the proposed legislation does not materially expand utilization beyond current practices, there is no anticipated expenditure impact associated with the proposed law.

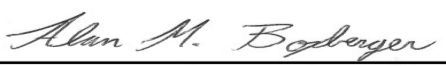
The Office of Group Benefits (OGB) indicates that the proposed law has no claims expenditure impact because its self-funded health plans already comply with the requirements of this legislation.

REVENUE EXPLANATION

There is no anticipated direct material effect on governmental revenues as a result of this measure.

Senate Dual Referral Rules
 13.5.1 >= \$100,000 Annual Fiscal Cost {S & H}
 13.5.2 >= \$500,000 Annual Tax or Fee Change {S & H}

House
 6.8(F)(1) >= \$100,000 SGF Fiscal Cost {H & S}
 6.8(G) >= \$500,000 Tax or Fee Increase or a Net Fee Decrease {S}


Alan M. Boxberger
Legislative Fiscal Officer