

2026 Regular Session

HOUSE BILL NO. 1176

BY REPRESENTATIVE FREEMAN

INSURANCE/HEALTH: Requires that Medicare Advantage plans provide insurance coverage for integrative care services

1 AN ACT

2 To enact R.S. 22:1077.6, relative to integrative care services; to require Medicare Advantage
3 coverage for integrative care services; to provide for definitions; to outline
4 applicability and effectiveness; and to provide for related matters.

5 Be it enacted by the Legislature of Louisiana:

6 Section 1. R.S. 22:1077.6 is hereby enacted to read as follows:

7 §1077.6. Required coverage for integrative cancer treatments; Medicare Advantage

8 A. A Medicare Advantage plan offered in this state shall provide coverage
9 for integrative care services when such services are recommended by nationally
10 recognized clinical practice guidelines and are rendered in conjunction with the
11 diagnosis, treatment, or management of a covered medical condition. Coverage
12 pursuant to this Section may be contingent upon annual deductibles, coinsurance,
13 copayments, and prior authorization requirements consistent with those established
14 by the Medicare Advantage plan.

15 B. For the purposes of this Section, the following terms have the following
16 meanings:

17 (1) "Integrative care services" means evidence-based therapeutic modalities
18 employed alongside conventional medical treatments and endorsed by nationally
19 recognized clinical practice guidelines. These modalities include but are not limited

1 to acupuncture, cryotherapy, and scalp cooling systems that are specifically designed
2 for repeated use and that serve a medical purpose.

3 (2) "Medicare Advantage plan" means any Medicare Part C coordinated care
4 plan, private fee-for-service plan, or other plan type approved by the Centers for
5 Medicare and Medicaid Services and offered by a Medicare Advantage organization
6 licensed pursuant to this Title.

7 C. Nothing in this Section shall be construed to prohibit a Medicare
8 Advantage plan from establishing utilization management protocols consistent with
9 federal law and the terms of the plan, if such protocols do not conflict with the
10 coverage requirements established in this Section.

11 D. Nothing in this Section shall be construed to mandate coverage by a
12 Medicare Advantage plan in a manner that conflicts with federal law or regulations
13 governing Medicare Advantage. The provisions of this Section shall apply only to
14 the extent permitted under federal law and shall be interpreted consistent with all
15 applicable federal requirements.

16 E. A Medicare Advantage organization offering a Medicare Advantage plan
17 in this state shall, to the extent allowed under federal law, provide coverage for
18 integrative care services in accordance with nationally recognized clinical practice
19 guidelines when such services are recommended for the diagnosis, treatment, or
20 management of a covered medical condition.

21 F. Pursuant to this Section, the commissioner of insurance shall do all of the
22 following:

23 (1) Submit to the Centers for Medicare and Medicaid Services any
24 notifications or materials required to implement the provisions of this Section, if
25 applicable.

26 (2) Promulgate rules and regulations in accordance with the Administrative
27 Procedure Act as necessary to implement the provisions of this Section.

28 (3) Take any other actions necessary to implement the provisions of this
29 Section to the extent permitted under federal law.

1 Section 2. The provisions of this Act apply to any new policy, contract, or health
2 coverage plan issued on and after January 1, 2026. Any policy, contract, or health coverage
3 plan in effect prior to January 1, 2026, shall convert to conform to the provisions of this Act
4 on or before the renewal date, but no later than January 1, 2027.

5 Section 3. This Act shall become effective on January 1, 2027.

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)]

HB 1176 Engrossed

2026 Regular Session

Freeman

Abstract: Mandates that Medicare Advantage plans provide coverage for integrative care services as delineated by nationally recognized clinical guidelines. Establishes definitions, applicability, and criteria for effectiveness. Clarifies that the provisions apply only to the extent permitted under federal law. Authorizes the commissioner of insurance to take necessary actions for implementation.

Present law requires commercial health insurance issuers to provide coverage for certain integrative cancer-related services when recommended by nationally recognized cancer treatment guidelines.

Proposed law requires, to the extent permitted under federal law, that Medicare Advantage plans offered in Louisiana provide coverage for integrative care services when such services are recommended by nationally recognized clinical practice guidelines and are rendered in connection with the diagnosis, treatment, or management of a covered medical condition.

Proposed law defines "integrative care services" and "Medicare Advantage plan", and authorizes cost sharing and utilization management protocols consistent with federal law and the terms of the plan.

Proposed law outlines that nothing in the Section shall be construed to mandate coverage in a manner that conflicts with federal law, and that the Section be interpreted consistently with all applicable federal requirements.

Proposed law directs the commissioner of insurance to promulgate rules, submit any required materials to the Centers for Medicare and Medicaid Services, and take other actions necessary to implement the Section to the extent allowed under federal law.

Effective January 1, 2027.

(Adds R.S. 22:1077.6)