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HOUSE FLOOR AMENDMENTS

2019 Regular Session

Amendments proposed by Representative Abramson to Engrossed House Bill No. 347 by Representative Stokes

1 AMENDMENT NO. 1

- 2 On page 1, line 2, after "To" delete the remainder of line 2 and insert in lieu thereof "amend
- 3 and reenact R.S. 22:1077(B) and (F)(1) and to enact R.S. 22:1028.1 and 1077.2, relative to
- 4 health insurance coverage for breast cancer; to"

5 AMENDMENT NO. 2

- 6 On page 1, line 5, after "date;" and before "and" insert "to require coverage for a patient's
- 7 choice of medical and surgical treatments following a diagnosis of breast cancer;"

8 AMENDMENT NO. 3

- 9 On page 1, line 7, change "R.S. 22:1028.1 is" to "R.S. 22:1077(B) and (F)(1) are hereby
- amended and reenacted and R.S. 22:1028.1 and 1077.2 are"

11 AMENDMENT NO. 4

12 On page 2, between lines 17 and 18, insert the following:

13 "* * *
14 §1077. Required coverage for reconstructive surgery following mastectomies
15 * * *

B. Any health benefit plan offered by a health insurance issuer that provides medical and surgical benefits with respect to a partial <u>mastectomy</u> or <u>a full unilateral or bilateral</u> mastectomy shall also provide medical and surgical benefits for breast reconstruction. Such <u>The</u> coverage shall be for breast reconstruction procedures selected by the patient in consultation with attending physicians. The coverage provided in this Section may be subject to annual deductibles, coinsurance, and copayment provisions as are consistent with those established for mastectomy procedures under the health benefit plan. Written notice of the availability of coverage shall be delivered to the insured or enrollee upon enrollment and annually thereafter as approved by the commissioner of insurance.

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F. For purposes of this Section:

- (1) "Breast reconstruction" means both of the following:
- (a) all All stages of reconstruction of the breast on which a unilateral mastectomy has been performed and on the other breast to produce a symmetrical appearance, including but not limited to liposuction performed for transfer to a reconstructed breast or to repair a donor site deformity, tattooing the areola of the breast, surgical adjustments of the non-mastectomized breast, unforeseen medical complications which may require additional reconstruction in the future, and prostheses and physical complications, including but not limited to lymphedemas.
- (b) All stages of reconstruction of both breasts if a bilateral mastectomy has been performed, including but not limited to liposuction

1	performed for transfer to a reconstructed breast or to repair a donor site
2	deformity, tattooing the areola of the breast, unforeseen medical
3	complications which may require additional reconstruction in the future, and
4	prostheses and physical complications, including but not limited to
5	lymphedemas.
6	* * *
7	§1077.2. Required coverage for a patient's choice of medical and surgical
8	treatment following a diagnosis of breast cancer
9	A. The legislature hereby finds all of the following:
10	(1) Breast cancer was the most common cancer in Louisiana women
11	from 2010 to 2014.
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	(2) Between 2010 and 2014, the average annual incidence rate of
13	female breast cancer in Louisiana ranked twenty-ninth in the nation and
14	approximately three thousand women will be diagnosed with breast cancer
15	each year in Louisiana.
16	(3) The Carter Stokes Oral and Written Summary of Breast Cancer
17	Treatment Alternatives and Access to Breast Reconstruction Surgery
18	<u>Information Law, R.S. 40:1103.1 et seq., requires the treating physician or</u>
19	surgeon to inform a patient diagnosed with any form of breast cancer of the
20	alternative efficacious methods of treatment by discussing the alternative
21	methods of treatment with the patient.
22	(4) Each woman facing breast cancer has to decide which treatment
23	is right for her.
24	(5) Helping patients to maximize their autonomy in breast cancer
25	decision-making is an important aspect of patient-centered care.
26	(6) Shared decision-making is a strategy that aims to maximize
27	patient autonomy by integrating the values and preferences of the patient
28	with the biomedical expertise of the physician.
29	B. The purpose of this Section is to stress that decisions regarding the
30	treatment procedures to be performed following a diagnosis of breast cancer
31	shall be made solely by the patient in consultation with attending physicians,
32	and to clarify that all levels of medical and surgical treatment as provided for
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	in this Section are medically necessary and shall not be excluded from
34	coverage.
35	C.(1) Any health benefit plan offered by a health insurance issuer
36	that provides medical and surgical benefits with respect to a partial
37	mastectomy or a full unilateral or bilateral mastectomy shall provide
38	coverage for the medical and surgical treatment and corresponding breast
39	reconstruction chosen by a patient diagnosed with breast cancer in
40	consultation with the attending physician regardless of whether a partial
41	mastectomy or a full unilateral or bilateral mastectomy is chosen by the
42	patient and physician.
43	(2) No health benefit plan offered by a health insurance issuer that
44	provides medical and surgical benefits with respect to a partial mastectomy
45	or a full unilateral or bilateral mastectomy shall deny coverage for those
46	surgical procedures, including corresponding breast reconstruction, chosen
47	by a patient diagnosed with breast cancer in consultation with the attending
48	physician.
49	D. For purposes of this Section:
50	(1) "Breast reconstruction" has the same meaning as provided in R.S.
51	22:1077.
52	(2) "Health benefit plan" means any hospital, health, or medical
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	expense insurance policy, hospital or medical service contract, employee
54	welfare benefit plan, contract, or other agreement with a health maintenance
55	organization or a preferred provider organization, health and accident
56	insurance policy, or any other insurance contract of this type in this state,
57	including a group insurance plan, a self-insurance plan, and the Office of
58	Group Benefits programs. "Health benefit plan" shall not include a plan
59	providing coverage for excepted benefits as defined in R.S. 22:1061, limited

benefit health insurance	plans, and	short-term	policies	that have a	term of
less than twelve months.	_		_		

(3) "Health insurance issuer" means an entity subject to the insurance laws and regulations of this state, or subject to the jurisdiction of the commissioner, that contracts or offers to contract to provide, deliver, arrange for, pay for, or reimburse any of the costs of healthcare services, including through a health benefit plan as defined in this Section, and shall include a sickness and accident insurance company, a health maintenance organization, a preferred provider organization, or any similar entity, or any other entity providing a plan of health insurance or health benefits."