

SENATE BILL NO. 42

BY SENATORS SELDERS, BARROW, DUPLESSIS, FOIL, TALBOT AND WHEAT  
AND REPRESENTATIVES BAYHAM, BERAULT, BILLINGS,  
CARLSON, CARRIER, WILFORD CARTER, CHASSION, DAVIS,  
DESHOTEL, DEVILLIER, DOMANGUE, FREEMAN, FREIBERG,  
HEBERT, HILFERTY, HUGHES, MIKE JOHNSON, TRAVIS  
JOHNSON, KNOX, MANDIE LANDRY, LARVADAIN, MARCELLE,  
MCMAKIN, MENA, MILLER, MOORE, NEWELL, PHELPS, SPELL,  
STAGNI, TAYLOR, WALTERS, WILLARD AND WYBLE

Prefiled pursuant to Article III, Section 2(A)(4)(b)(i) of the Constitution of Louisiana.

AN ACT

To enact R.S. 22:1077.4 and R.S. 46:447.4, relative to perinatal behavioral health treatment;  
to require commercial insurance and Medicaid coverage for voluntary inpatient  
treatment following a perinatal psychiatric diagnosis; to provide for definitions; to  
provide for applicability relative to coverage plans; and to provide for related  
matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1077.4 is hereby enacted to read as follows:

**§1077.4. Inpatient treatment following a perinatal psychiatric diagnosis;  
commercial insurance**

**A. Any health benefit plan offered by a health insurance issuer that  
provides mental health benefits with respect to treatment for perinatal  
psychiatric diagnoses shall provide coverage for voluntary inpatient treatment  
for a patient with a perinatal psychiatric diagnosis. Inpatient admissions,  
including overnight stays, and medications resulting from treatments, including  
infusions and prescriptions, and counseling shall be covered services.**

**B. All decisions regarding voluntary inpatient treatment following a  
perinatal psychiatric diagnosis shall be made solely by an attending physician,  
physician assistant, psychiatrist, psychologist, medical psychologist, or nurse**

1 practitioner in consultation with the patient. All levels of maternal mental  
2 health inpatient treatment as provided for in this Section shall be considered  
3 medically necessary and shall not be excluded from coverage. The treating  
4 physician, physician assistant, psychiatrist, psychologist, medical psychologist,  
5 or nurse practitioner shall consider recognized evidenced based standards, such  
6 as guidelines of InterQual or Milliman Care Guidelines (MCG), in making  
7 treatment recommendations. Health insurance issuers shall not deny coverage  
8 for voluntary inpatient treatment for a patient with a perinatal psychiatric  
9 diagnosis that is consistent with these standards.

10 C. Any voluntary admission covered by this Section shall be in  
11 accordance with R.S. 28:52.

12 D. The coverage required pursuant to this Section may be subject to  
13 annual deductibles, coinsurance, and copayment provisions established under  
14 the health benefit plan.

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

17 (1) "Health benefit plan" means any hospital, health, or medical expense,  
18 insurance policy, hospital or medical service contract, employee welfare benefit  
19 plan, contract, or other agreement with a health maintenance organization or  
20 a preferred provider organization, health and accident insurance policy, or any  
21 other insurance contract of this type in this state, including a group insurance  
22 plan and the Office of Group Benefits programs. "Health benefit plan" does not  
23 include a plan providing coverage for excepted benefits as defined in R.S.  
24 22:1061, limited benefit health insurance plans, and short-term policies that  
25 have a term of less than twelve months.

26 (2) "Health insurance issuer" means an entity subject to the insurance  
27 laws and regulations of this state, or subject to the jurisdiction of the  
28 commissioner, that contracts or offers to contract to provide, deliver, arrange  
29 for, pay for, or reimburse any of the costs of healthcare services, including  
30 through a health benefit plan as defined in this Section, and includes a sickness

1 and accident insurance company, a health maintenance organization, a  
2 preferred provider organization, or any similar entity, or any other entity  
3 providing a plan of health insurance or health benefits.

4 (3) "Perinatal psychiatric diagnosis" means a psychiatric disorder  
5 requiring inpatient treatment during pregnancy through one year postpartum,  
6 which includes one year after a pregnancy loss.

7 F. The implementation of the provisions of this Section shall be subject  
8 to the appropriation of funds by the legislature for this purpose.

9 Section 2. R.S. 46:447.4 is hereby enacted to read as follows:

10 §447.4. Inpatient treatment following a perinatal psychiatric diagnosis;

11 Medicaid

12 A. Medicaid managed care organizations shall provide coverage for  
13 voluntary inpatient treatment for a Medicaid recipient with a perinatal  
14 psychiatric diagnosis. Inpatient admissions, including overnight stays, and  
15 medications resulting from treatments, including infusions and prescriptions,  
16 and counseling shall be covered services.

17 B. All decisions regarding voluntary inpatient treatment following a  
18 perinatal psychiatric diagnosis shall be made solely by an attending physician,  
19 physician assistant, psychiatrist, psychologist, medical psychologist, or nurse  
20 practitioner in consultation with the patient.

21 C. Any voluntary admission covered by this Section shall be in  
22 accordance with R.S. 28:52.

23 D. For purposes of this Section, "perinatal psychiatric diagnosis" means  
24 a psychiatric disorder requiring inpatient treatment during pregnancy through  
25 one year postpartum, which includes one year after a pregnancy loss.

26 E. The implementation of the provisions of this Section shall be subject  
27 to the appropriation of funds by the legislature for this purpose.

28 F. Nothing in this Section shall prohibit the Louisiana Medicaid Program  
29 from establishing criteria for payment of covered Medicaid services, including  
30 criteria for medical necessity.

1           Section 3. 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.

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PRESIDENT OF THE SENATE

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SPEAKER OF THE HOUSE OF REPRESENTATIVES

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GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: \_\_\_\_\_