

2026 Regular Session

SENATE BILL NO. 295

BY SENATOR WHEAT

HEALTH/ACC INSURANCE. Provides for insurance coverage of services for persons with acquired brain injuries. (8/1/26)

1 AN ACT

2 To enact R.S. 22:1042.1, relative to coverage of medically necessary treatment for persons  
3 with acquired brain injuries; to require health insurance coverage of medically  
4 necessary treatment for persons with acquired brain injuries; to provide relative to  
5 limitations and cost-sharing; to provide for definitions; to provide for exceptions; to  
6 provide for implementation; to provide for applicability; and to provide for related  
7 matters.

8 Be it enacted by the Legislature of Louisiana:

9 Section 1. R.S. 22:1042.1 is hereby enacted to read as follows:

10 **§1042.1. Coverage for medically necessary treatment for persons with an**  
11 **acquired brain injury**

12 **A. Every health coverage plan delivered or issued for delivery in this**  
13 **state shall provide, to the extent permitted by federal law, coverage for**  
14 **medically necessary treatment related to or as a result of an acquired brain**  
15 **injury.**

16 **B.(1) The coverage provided pursuant to this Section shall not include**  
17 **any lifetime limitation or unreasonable annual limitation of the number of days**

1 or sessions of treatment services.

2 (2) Any limitations on rehabilitation services in an inpatient  
3 rehabilitation facility shall be separate from and shall not be included in any  
4 limitations of post-acute rehabilitation.

5 (3) Any limitations shall be separately stated by the health coverage plan  
6 issuer.

7 C. The coverage provided pursuant to this Section shall not be subject  
8 to any greater deductible, coinsurance, copayments, or out-of-pocket limits than  
9 any other similar benefit provided by the health coverage plan.

10 D. A health coverage plan shall not deny coverage for medically  
11 necessary treatment based solely on the location or setting in which the  
12 treatment is provided, if the treatment is provided in a setting that is clinically  
13 appropriate for the level of care necessary and in compliance with applicable  
14 state licensure, certification, registration, or accreditation requirements.  
15 Clinically appropriate settings may include but are not limited to inpatient  
16 hospital or rehabilitation facility settings, outpatient and day treatment settings,  
17 post-acute residential treatment settings, and home- and community-based  
18 settings.

19 E. For any medically necessary treatment covered pursuant to this  
20 Section, any adverse determination issued in connection with a preauthorization  
21 or utilization review shall be made by a clinical peer reviewer.

22 F. The commissioner shall promulgate rules and regulations, in  
23 accordance with the Administrative Procedure Act, to establish a process for an  
24 expedited appeal of any adverse determination by a health coverage plan issuer  
25 for medically necessary treatment covered pursuant to this Section.

26 G. Medically necessary treatment covered pursuant to this Section shall  
27 be provided by individual practitioners and treatment facilities qualified to  
28 provide acute care and post-acute care rehabilitation services to a person with  
29 an acquired brain injury through possession of the appropriate licenses,

1 accreditation, training, and experience deemed customary and routine in the  
2 trade practice.

3 H. For the purposes of this Section, the following definitions apply:

4 (1) "Acquired brain injury" or "ABI" means any injury to the brain  
5 which is not a progressive neurologic disorder, hereditary, congenital, or  
6 degenerative in nature, and which occurs after birth and may be caused by  
7 infectious diseases, metabolic disorders, endocrine disorders, diminished  
8 oxygen, brain tumors, toxins, a disease that affects the blood supply to the brain,  
9 stroke, or a traumatic brain injury.

10 (2) "Adverse determination" means a determination by a clinical peer  
11 reviewer, upon review based on the clinical information provided, that an  
12 admission, extension of stay, or any other covered ABI service is not medically  
13 necessary.

14 (3) "Clinical peer reviewer" means a healthcare professional who has  
15 experience in the delivery of treatments and services for persons with acquired  
16 brain injuries and possesses a current and valid license, certificate, or  
17 registration to provide these treatments and services or, where no provision for  
18 a license, certificate or registration exists, is credentialed by the national  
19 accrediting body appropriate to the profession.

20 (4) "Cognitive communication therapy" means treatment for problems  
21 with communication which have an underlying cause in one or more cognitive  
22 deficits rather than a primary language or speech deficit.

23 (5) "Cognitive rehabilitation therapy" means a process of relearning  
24 cognitive skills essential for daily living through the coordinated specialized,  
25 integrated therapeutic treatments which are provided in dynamic settings  
26 designed for efficient and effective relearning following damage to brain cells  
27 or brain chemistry due to brain injury.

28 (6) "Community reintegration services" means incremental, guided,  
29 real-world therapeutic training to develop skills essential for an individual to

1 participate in life including functional daily activities; to safely live  
2 independently; and to participate in the community while avoiding  
3 rehospitalization and long-term support needs.

4 (7) "Functional rehabilitation therapy" means a structured approach  
5 which emphasizes learning by doing, and focuses relearning a specific task in  
6 a prescribed format, with maximum opportunity for repeated correct practice.

7 Functional rehabilitation therapy includes compensatory strategies developed  
8 for those skills which are persistently impaired with individuals trained on daily  
9 implementation. To ensure acquisition and use, the focus of functional  
10 rehabilitation therapy is set on relearning those skills essential for safe daily  
11 living in home- and community-based settings.

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

22 (9) "Medically necessary treatment" means healthcare services that are  
23 consistent with generally accepted principles of professional medical practice.  
24 Medically necessary treatment includes but is not limited to cognitive  
25 rehabilitation therapy; cognitive communication therapy; neurocognitive  
26 therapy and rehabilitation; neurobehavioral; neurophysiological; and  
27 neuropsychological testing; neurofeedback therapy; functional rehabilitation  
28 therapy; community reintegration services; post-acute residential treatment  
29 services; inpatient services; outpatient and day treatment services; and home-

1 **and community-based treatment.**

2 **(10) "Neurobehavioral therapy" means a set of medical and therapeutic**  
 3 **assessment and treatments focused on behavioral impairments associated with**  
 4 **brain disease or injury and the amelioration of these impairments through the**  
 5 **development of prosocial behavior.**

6 **(11) "Neurocognitive therapy" means treatment of disorders in which**  
 7 **the primary clinical deficit is in cognitive function which has not been present**  
 8 **since birth and is a decline from a previously attained level of function.**

9 **(12) "Neuropsychological testing" means a set of medical and**  
 10 **therapeutic assessments and treatments focused on amelioration of cognitive,**  
 11 **emotional, psychosocial, and behavioral deficits caused by brain injury.**

12 **(13) "Post-acute residential treatment" means integrated medical and**  
 13 **therapeutic services, treatment, education, and skills training provided in a**  
 14 **home- and community-based setting and designed to create the maximum**  
 15 **opportunity for correct practice of skill in the context of use to develop new**  
 16 **neural pathways to enable the person to avoid rehospitalization and long-term**  
 17 **care.**

18 Section 2. The implementation of the provisions of this Act shall be subject to the  
 19 appropriation of funds by the legislature for this purpose.

20 Section 3. The provisions of this Act apply to any new policy, contract, program, or  
 21 health coverage plan issued on and after January 1, 2027. Any policy, contract, or health  
 22 coverage plan in effect prior to January 1, 2027, shall convert to conform to the provisions  
 23 of this Act on or before the renewal date, but no later than January 1, 2028.

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The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Senate Legislative Services. The keyword, summary, 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)]

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Proposed law requires every health coverage plan delivered or issued for delivery in this state to provide, to the extent permitted by federal law, coverage for medically necessary treatment related to or as a result of an acquired brain injury.

Proposed law prohibits any lifetime limitation or unreasonable annual limitation of the number of days or sessions of treatment services. Proposed law further provides that any limitations on rehabilitation services in an inpatient rehabilitation facility shall be separate from and not included in any limitations of post-acute rehabilitation.

Proposed law provides that the required coverage shall not be subject to any greater deductible, coinsurance, copayments, or out-of-pocket limits than any other similar benefit provided by the health coverage plan.

Proposed law prohibits a health coverage plan from denying coverage for medically necessary treatment based solely on the location or setting in which the treatment is provided, if the treatment is provided in a setting that is clinically appropriate for the level of care necessary and in compliance with applicable state licensure, certification, registration, or accreditation requirements.

Proposed law provides that any adverse determination issued in connection with a preauthorization or utilization review must be made by a clinical peer reviewer. Proposed law further provides for an expedited appeal of any adverse determination by the health coverage plan issuer.

Proposed law provides that covered treatment and services must be provided by individual practitioners and treatment facilities qualified to provide acute care and post-acute care rehabilitation services to a person with an acquired brain injury.

Proposed law defines key terms including "acquired brain injury", "adverse determination", "clinical peer reviewer", "health coverage plan", "medically necessary treatment", and "post-acute residential treatment", and "community reintegration services".

Proposed law applies to any new policy, contract, program, or health coverage plan issued on and after Jan. 1, 2027. Any policy, contract, or health coverage plan in effect prior to Jan. 1, 2027, shall convert on or before the renewal date, but no later than Jan. 1, 2028.

Implementation of the provisions of proposed law is subject to the appropriation of funds by the legislature for this purpose.

Effective August 1, 2026.

(Adds R.S. 22:1042.1)

#### Summary of Amendments Adopted by Senate

##### Committee Amendments Proposed by Senate Committee on Finance to the engrossed bill

1. Clarify the definitions of "acquired brain injury", "clinical peer reviewer", and "community reintegration services".
2. Remove the definition of "neurofeedback therapy".
3. Provide that implementation of the provisions of proposed law is subject to the appropriation of funds by the legislature for this purpose.
4. Make technical changes.