



**LEGISLATIVE FISCAL OFFICE**  
**Fiscal Note**

Fiscal Note On: **SB 84** SLS 26RS 201  
 Bill Text Version: **ENROLLED**  
 Opp. Chamb. Action:  
 Proposed Amd.:  
 Sub. Bill For.:

<b>Date:</b> May 19, 2026 9:04 AM	<b>Author:</b> MYERS
<b>Dept./Agy.:</b> Louisiana Department of Insurance/Office of Group Benefits	
<b>Subject:</b> Health insurance coverage for prostate cancer screening	<b>Analyst:</b> Anthony Shamis

HEALTH/ACC INSURANCE EN +\$5,100 SG EX See Note Page 1 of 1  
 Provides relative to health insurance coverage for prostate cancer screening. (gov sig)

Present law requires coverage for detection of prostate cancer, including digital rectal examination and prostate-specific antigen testing for men over the age of 50 and as medically necessary and appropriate for men over the age of 40.

Proposed law modifies present law requiring health insurance coverage for the detection of prostate cancer by expanding required coverage to include men between the ages of 40 and 49 in accordance with the most recently published guidelines from the National Comprehensive Cancer Network.

Proposed law retains present law prohibiting application of a deductible to such coverage and further provides that no health coverage plan shall impose any cost-sharing requirements, including any deductibles, coinsurance, copayment, or similar out-of-pocket expense for the covered services.

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.	<b>\$2,550</b>	<b>\$5,222</b>	<b>\$5,337</b>	<b>\$5,455</b>	<b>\$5,575</b>	<b>\$24,139</b>
Ded./Other	\$0	\$0	\$0	\$0	\$0	\$0
Federal Funds	\$0	\$0	\$0	\$0	\$0	\$0
Local Funds	\$0	\$0	\$0	\$0	\$0	\$0
<b>Annual Total</b>	<b>\$2,550</b>	<b>\$5,222</b>	<b>\$5,337</b>	<b>\$5,455</b>	<b>\$5,575</b>	<b>\$24,139</b>

  

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
<b>Annual Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**EXPENDITURE EXPLANATION**

Proposed law is anticipated to increase SGR expenditures within the Office of Group Benefits (OGB) for self-funded health plan medical claims by approximately \$2,550 for six months in FY 27. The increase is the result of shifting cost-sharing provisions for prostate cancer screening received from an out-of-network (OON) health care provider to OGB. A 2.2% medical inflation factor (MI) factor is applied to FY 28 and subsequent fiscal years. The Louisiana Department of Insurance (LDI) anticipates no direct expenditure impact and expects that any associated costs will be minimal and absorbed by insurers without a material impact on premiums in the private insurance industry.

Information provided by OGB indicates that benefits for self-funded health plan members already comply with the most recent National Comprehensive Cancer Network (NCCN) guidelines for prostate cancer early detection. The only additional expense OGB expects to incur is associated with the waiving of OON member cost sharing provisions. Due to the low utilization of prostate cancer screening benefits received by OON health care providers, OGB's Third Party Administrator (TPA) Louisiana Blue anticipates OGB claims expenditures to increase by approximately \$5,000 annually to shift member cost-sharing for prostate cancer screening received from an OON health care provider to OGB.

The expenditure estimate is based upon requirements of the proposed law as well as the following assumptions: (1) no change in OGB self-funded health plan membership in future fiscal years from current levels, (2) no change in OGB self-funded health plan members' use of OON health care providers to receive prostate cancer screening services from historical levels, (3) OGB will rely on the \$5,000 cost estimate provided by Louisiana Blue, (4) the coverage will become effective on 1/01/27, and (5) in future fiscal years, a medical inflation factor of 2.2% is applied, based on Consumer Price Index data for medical care in the Southern United States through the end of 2025.

Expenditure Calculations  
 Base cost = \$5,000

FY 27 = \$5,100 = \$5,000 x 2.2% MI (\$5,100 x 50% = \$2,550)  
 FY 28 = \$5,222 = \$5,100 x 2.2% MI  
 FY 29 = \$5,337 = \$5,000 x 2.2% MI  
 FY 30 = \$5,455 = \$5,337 x 2.2% MI  
 FY 31 = \$5,575 = \$5,455 x 2.2% MI

*Note: A full 12 months was used for FY 27 to calculate medical inflation in the out-years.*

**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}

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