

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.

12 (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 Information Law, R.S. 40:1103.1 et seq., requires the treating physician or
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
33 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
53 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

1 benefit health insurance plans, and short-term policies that have a term of
2 less than twelve months.
3 (3) "Health insurance issuer" means an entity subject to the insurance
4 laws and regulations of this state, or subject to the jurisdiction of the
5 commissioner, that contracts or offers to contract to provide, deliver, arrange
6 for, pay for, or reimburse any of the costs of healthcare services, including
7 through a health benefit plan as defined in this Section, and shall include a
8 sickness and accident insurance company, a health maintenance organization,
9 a preferred provider organization, or any similar entity, or any other entity
10 providing a plan of health insurance or health benefits."