

## RÉSUMÉ DIGEST

**ACT 250 (HB 152)**

**2020 Regular Session**

**Brown**

New law requires any health coverage plan in the large market group, delivered or issued for delivery in this state, to provide coverage for acupuncture performed by an individual licensed by existing law (R.S. 37:1356 et seq.) when the service is medically necessary and not otherwise excluded from coverage.

New law voids from a policy or contract terminology deemed discriminatory against any person or method of practice, including terminology related to the manner of payment or reimbursement under the policy.

New law provides that required coverage may be subject to annual deductibles, coinsurance, and copayment provisions as are consistent with those established under the health coverage plan.

New law provides that coverage for acupuncture treatment may be limited to 12 annual visits per policy or contract benefit period.

New law defines "health coverage plan".

New law applies to any new policy, contract, program, or health coverage plan issued on and after January 1, 2021. Any policy, contract, or health coverage plan in effect prior to January 1, 2021, is required to conform to the provisions of new law on or before the renewal date, but no later than January 1, 2022.

Effective Jan. 1, 2021.

(Adds R.S. 22:1057)