DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, 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)]

HB 690 Engrossed

2018 Regular Session

Stokes

Abstract: Requires coverage for subsequent cancer screening services for individuals who received a bilateral mastectomy.

<u>Proposed law</u> requires any health benefit plan delivered or issued for delivery in this state to include coverage for an annual preventive cancer screening for an insured or enrollee who was previously diagnosed with breast cancer, completed treatment for the breast cancer, underwent a bilateral mastectomy, and was subsequently determined to be clear of cancer.

<u>Proposed law</u> requires written notice of the availability of coverage for the screening to be delivered to the insured or enrollee upon enrollment and annually thereafter as approved by the commissioner of insurance.

Proposed law prohibits a health benefit plan from doing any of the following:

- (1) Denying to a patient eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the plan, solely for the purpose of avoiding the requirements of proposed law.
- (2) Penalizing or otherwise reducing or limiting the reimbursement of an attending provider, or providing monetary or nonmonetary incentives to an attending provider, to induce the provider to provide care to an insured or enrollee in a manner inconsistent with <u>proposed</u> law.
- (3) Reducing or limiting coverage benefits to a patient for the preventive services performed as determined in consultation with the attending physician and patient.

<u>Proposed law</u> requires the annual preventive cancer screening provided for in <u>proposed law</u> to be a covered service in the Louisiana Medicaid Program.

<u>Proposed law</u> applies to any new policy, contract, program, or health coverage plan issued on and after Jan. 1, 2019. Any policy, contract, or health coverage plan in effect prior to Jan. 1, 2019, shall convert to conform to the provisions of <u>proposed law</u> on or before the renewal date, but no later than Jan. 1, 2019.

Effective Jan. 1, 2019.

(Adds R.S. 22:1077.1 and R.S. 46:975.1)