RÉSUMÉ DIGEST

ACT 754 (SB 295) **2026 Regular Session** **Wheat**

New 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.

New law prohibits any lifetime limitation or unreasonable annual limitation of the number of days or sessions of treatment services. New 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.

New 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.

New 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.

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

New 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.

New law defines the following key terms: "acquired brain injury", "adverse determination", "clinical peer reviewer", "cognitive communication therapy", "cognitive rehabilitation therapy", "community reintegration services", "functional rehabilitation therapy", "health coverage plan", "medically necessary treatment", "neurobehavioral therapy", "neurocognitive therapy", "neuropsychological testing", and "post-acute residential treatment".

To the extent that any provision of new law would otherwise require this state to make a payment under existing federal law relative to American Health Benefit Exchanges, a qualified health plan, as defined by existing federal regulations, is not required to provide a benefit under new law that exceeds the essential health benefits specified under existing federal law.

New 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.

Effective August 1, 2026.

(Adds R.S. 22:1042.1)