

## HOUSE SUMMARY OF SENATE AMENDMENTS

**HB 690**

**2018 Regular Session**

**Stokes**

INSURANCE/HEALTH: Provides for coverage for subsequent preventive tests for certain individuals diagnosed with breast cancer

<p><b>Synopsis of Senate Amendments</b></p>
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| <p>1. Adds an exemption for limited benefit health insurance plans.</p> |
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### Digest of Bill as Finally Passed by Senate

Proposed law 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.

Proposed law 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 proposed 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.

Proposed law does not apply to a plan providing coverage for excepted benefits, limited benefit health insurance plans, and short-term policies that have a term of less than 12 months.

Proposed law requires the annual preventive cancer screening provided for in proposed law to be a covered service in the La. Medicaid Program.

Proposed law 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 proposed law 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)