

RÉSUMÉ DIGEST

ACT 119 (HB 347)

2019 Regular Session

Stokes

Existing law requires any health coverage plan which is delivered or issued for delivery in this state to include benefits payable for a minimum mammography examination.

New law requires any health coverage plan delivered or issued for delivery in this state to include coverage for diagnostic imaging at the same level of coverage provided for the minimum mammography examination pursuant to existing law.

New law authorizes the health coverage plan to require a referral by the treating physician based on medical necessity for the diagnostic imaging to be eligible for the required coverage but prohibits the coverage from being subject to any policy or health coverage plan deductible amount.

New law defines "diagnostic imaging" as a diagnostic mammogram or breast ultrasound screening for breast cancer designed to evaluate an abnormality in the breast that is any of the following:

- (1) Seen or suspected from a screening examination for breast cancer.
- (2) Detected by another means of examination.
- (3) Suspected based on the medical history or family medical history of the individual.

New law provides that any provision in a health insurance policy, benefit program, or health coverage plan delivered, renewed, issued for delivery, or otherwise contracted for in this state which is contrary to new law shall, to the extent of the conflict, be void.

Prior law required any health benefit plan offered by a health insurance issuer that provides medical and surgical benefits with respect to a partial or full mastectomy to also provide medical and surgical benefits for breast reconstruction.

New law retains prior law but clarifies that prior law applies to both a full unilateral mastectomy and a full bilateral mastectomy.

Prior law defined "breast reconstruction" as all stages of reconstruction of the breast on which a mastectomy has been performed and on the other breast to produce a symmetrical appearance, including but not limited to liposuction performed for transfer to a reconstructed breast or to repair a donor site deformity, tattooing the areola of the breast, surgical adjustments of the non-mastectomized breast, unforeseen medical complications which may require additional reconstruction in the future, and prostheses and physical complications, including but not limited to lymphedemas.

New law retains prior law but clarifies that prior law applies to a unilateral mastectomy and expands the definition to include all stages of reconstruction of both breasts if a bilateral mastectomy has been performed, including but not limited to liposuction performed for transfer to a reconstructed breast or to repair a donor site deformity, tattooing the areola of the breast, unforeseen medical complications which may require additional reconstruction in the future, and prostheses and physical complications, including but not limited to lymphedemas.

New law requires any health benefit plan offered by a health insurance issuer that provides medical and surgical benefits with respect to a partial mastectomy or a full unilateral or bilateral mastectomy to provide coverage for the medical and surgical treatment and corresponding breast reconstruction chosen by a patient diagnosed with breast cancer in consultation with the attending physician regardless of whether a partial mastectomy or a full unilateral or bilateral mastectomy is chosen by the patient and physician.

New law prohibits any health benefit plan offered by a health insurance issuer that provides medical and surgical benefits with respect to a partial mastectomy or a full unilateral or bilateral mastectomy from denying coverage for those surgical procedures, including corresponding breast reconstruction, chosen by a patient diagnosed with breast cancer in

consultation with the attending physician. Requires consulting physicians to consider recognized, evidence-based standards, such as the National Comprehensive Cancer Network, in making treatment recommendations.

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

Effective January 1, 2021.

(Amends R.S. 22:1077(B) and (F)(1); Adds R.S. 22:1028.1 and 1077.2)