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)]

SB 42 Reengrossed

2025 Regular Session

Selders

<u>Proposed law</u> requires health benefit plans offered by a health insurance issuer that provide mental health benefits with respect to treatment for perinatal psychiatric diagnoses and Medicaid managed care organizations to provide coverage for voluntary inpatient treatment for a patient with a perinatal psychiatric diagnosis.

<u>Proposed law</u> specifies that inpatient admissions, including overnight stays, and medications resulting from treatments, including infusions and prescriptions, and counseling are covered services.

<u>Proposed law</u> prohibits health insurers from denying coverage for voluntary inpatient treatment for a patient with a perinatal psychiatric diagnosis if determined to be medically necessary by a physician.

Implementation of <u>proposed law</u> shall be subject to the appropriation of funds by the legislature for this purpose.

<u>Proposed law</u> adds physician assistants, psychiatrists, psychologists, medical psychologists, or nurse practitioners, as treating physicians, who in consultation with the patient can make decisions regarding voluntary inpatient treatment following a perinatal psychiatric diagnosis.

<u>Proposed law</u> subjects coverage to the annual deductibles, coinsurance, and copayment provisions of the insurer's health benefit plan.

<u>Proposed law</u> provides evidence based standards of InterQual or Milliman Care Guidelines (MCG), in which, the treating physicians shall consider in making patient treatment recommendations.

<u>Proposed law</u> applies to any new policy, contract, or health coverage plan issued on and after January 1, 2026.

<u>Proposed law</u> converts any policy, contract, or health coverage plan in effect prior to January 1, 2026 to the new provisions on or before the renewal date but no later than January 1, 2027.

Effective August 1, 2025.

(Adds R.S. 22:1077.4 and R.S. 46:447.4)

Summary of Amendments Adopted by Senate

Committee Amendments Proposed by Senate Committee on Insurance to the original bill

- 1. Make technical changes.
- 2. Delete the Medicaid coverage requirement that inpatient treatment be considered medically necessary and the prohibition against exclusion from coverage.

<u>Committee Amendments Proposed by Senate Committee on Finance to the engrossed bill</u>

1. Provide that implementation of <u>proposed law</u> shall be subject to the appropriation of funds by the legislature for this purpose.

Summary of Amendments Adopted by House

The Committee Amendments Proposed by <u>House Committee on Insurance</u> to the <u>reengrossed</u> bill:

- 1. Expand types of physicians who can consult with a patient regarding voluntary inpatient treatment following a perinatal psychiatric diagnosis.
- 2. Add guideline standards for treating physicians relative to patient treatment recommendations.
- 3. Provide types of benefits that may be subject to the insurer's health plan.
- 4. Provide dates of applicability relative to coverage plans.