SLS 20RS-772 ORIGINAL

2020 Regular Session

SENATE BILL NO. 494

BY SENATOR CARTER

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INSURANCE POLICIES. Provides relative to coverage for mastectomies and reconstructive surgery. (8/1/20)

AN ACT

2 To amend and reenact R.S. 22:1077(A), (B), and (F)(1) and R.S. 1077(B) and F(1) as amended by Act 119 of the 2019 Regular Session, relative to reconstructive surgery 3 following mastectomies; to provide with respect to contralateral prophylactic 4 5 mastectomies; and to provide for related matters. 6 Be it enacted by the Legislature of Louisiana: 7 Section 1. R.S. 22:1077(A), (B), and (F)(1) are hereby amended and reenacted to 8 read as follows: 9 §1077. Required coverage for mastectomies and reconstructive surgery following 10 mastectomies 11 A. The legislature hereby finds that approximately three thousand women will be diagnosed with breast cancer each year in Louisiana. Studies documenting 12 13 breast cancer statistics indicate that Louisiana has the highest mastectomy rate in the nation: fifty-one percent of all women diagnosed with breast cancer will undergo a 14 mastectomy or bilateral mastectomy as part of their treatment regimen. Despite 15 laws which require insurers and physicians to inform women that breast 16 17 reconstruction is an insured surgical option, seven of ten women are not provided this information. The purpose of this Section is to assure that state law mirrors the federal Women's Health and Cancer Rights Act, to extend its application to all health insurance issuers in Louisiana, to stress that decisions regarding **mastectomies and** the reconstructive procedures to be performed shall be made solely by the patient in consultation with attending physicians, and to clarify that **mastectomies and** all stages of breast reconstruction as defined pursuant to this Section are medically necessary and shall not be excluded from coverage.

B. Any health benefit plan offered by a health insurance issuer that provides medical and surgical benefits with respect to a partial or full <u>unilateral or bilateral</u> mastectomy shall also provide medical and surgical benefits for breast reconstruction. Such coverage shall be for <u>mastectomies</u>, <u>including contralateral prophylactic mastectomies</u>, <u>and</u> breast reconstruction procedures selected by the patient in consultation with attending physicians. The coverage provided in this Section may be subject to annual deductibles, coinsurance, and copayment provisions as are consistent with those established for mastectomy procedures under the health benefit plan. Written notice of the availability of coverage shall be delivered to the insured or enrollee upon enrollment and annually thereafter as approved by the commissioner of insurance.

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Section 2. R.S. 1077(B) and (F)(1) as amended by Act 119 of the 2019 Regular Session are hereby amended and reenacted to read as follows:

§1077. Required coverage for reconstructive surgery following mastectomies

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B. 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 shall also provide medical and surgical benefits for breast reconstruction. The coverage shall be for **mastectomies, including contralateral prophylactic mastectomies, and** breast reconstruction procedures selected by the patient in consultation with attending physicians. The coverage provided in this

Section may be subject to annual deductibles, coinsurance, and copayment provisions as are consistent with those established for mastectomy procedures under the health benefit plan. Written notice of the availability of coverage shall be delivered to the insured or enrollee upon enrollment and annually thereafter as approved by the commissioner of insurance.

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F. For purposes of this Section:

(1) "Breast reconstruction" means 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 **contralateral prophylactic mastectomies**, 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.

- (1) "Breast reconstruction" means both of the following:
- (a) All stages of reconstruction of the breast on which a unilateral mastectomy has been performed and on the other breast to produce a symmetrical appearance, including but not limited to **contralateral prophylactic mastectomies** 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.
- (b) 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.

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The original instrument and the following digest, which constitutes no part of the legislative instrument, were prepared by Cheryl B. Cooper.

DIGEST

SB 494 Original

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2020 Regular Session

Carter

<u>Present law</u> requires health insurance coverage for reconstructive surgery following mastectomies.

<u>Proposed law</u> retains <u>present law</u> and includes the requirement of health insurance coverage for contralateral prophylactic mastectomies.

Effective August 1, 2020.

(Amends R.S. 22:1077 (A), (B), (F)(1) and 1077(B) and (F)(1) as amended by Acts 2019, No. 119)