2024 Regular Session

HOUSE BILL NO. 508

BY REPRESENTATIVE BAGLEY

## INSURANCE/HEALTH: Provides relative to medical and surgical treatments of cancer

1	AN ACT	
2	To enact R.S. 22:1077.3, relative to health insurance coverage; to require coverage for a	
3	patient's choice of medical and surgical treatments following a diagnosis of cancer	
4	to provide for definitions; and to provide for related matters.	
5	Be it enacted by the Legislature of Louisiana:	
6	Section 1. R.S. 22:1077.3 is hereby enacted to read as follows:	
7	§1077.3. Required coverage for a patient's choice of medical and surgical treatments	
8	following a diagnosis and treatment of cancer	
9	A. The purpose of this Section is to stress that decisions regarding the	
10	treatment procedures to be performed following a diagnosis of cancer shall be made	
11	solely by the patient in consultation with attending physicians, and to clarify that all	
12	levels of medical and surgical treatment as provided for in this Section are medically	
13	necessary and shall not be excluded from coverage. Consulting physicians shall	
14	consider recognized, evidence-based standards such as the guidelines of the National	
15	Comprehensive Cancer Network in making treatment recommendations.	
16	B.(1) Any health benefit plan offered by a health insurance issuer that	
17	provides medical and surgical benefits with respect to treatment for cancer shall	
18	provide coverage for the medical and surgical treatment corresponding to urinary and	
19	sexual dysfunction resulting from the treatments, chosen by a patient diagnosed with	
20	cancer in consultation with the attending physician.	

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CODING: Words in struck through type are deletions from existing law; words <u>underscored</u> are additions.

1	(2) A health benefit plan offered by a health insurance issuer that provides
2	medical and surgical benefits with respect to cancer treatment shall not deny
3	coverage for those procedures correcting urinary and sexual dysfunction resulting
4	from treatments, including penile injections, external pumps, and surgical implants,
5	as chosen by a patient diagnosed with and treated for cancer in consultation with the
6	attending physician.
7	C. For purposes of this Section, the following terms have the following
8	meanings:
9	(1) "Health benefit plan" means any hospital, health, or medical expense
10	insurance policy, hospital or medical service contract, employee welfare benefit plan,
11	contract, or other agreement with a health maintenance organization or a preferred
12	provider organization, health and accident insurance policy, or any other insurance
13	contract of this type in this state, including a group insurance plan, a self-insurance
14	plan, and the Office of Group Benefits programs. "Health benefit plan" does not
15	include a plan providing coverage for excepted benefits as defined in R.S. 22:1061,
16	limited benefit health insurance plans, and short-term policies that have a term of
17	less than twelve months.
18	(2) "Health insurance issuer" means an entity subject to the insurance laws
19	and regulations of this state, or subject to the jurisdiction of the commissioner, that
20	contracts or offers to contract to provide, deliver, arrange for, pay for, or reimburse
21	any of the costs of healthcare services, including through a health benefit plan as
22	defined in this Section, and includes a sickness and accident insurance company, a
23	health maintenance organization, a preferred provider organization, or any similar
24	entity, or any other entity providing a plan of health insurance or health benefits.

## 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)]

HB 508 Original	2024 Regular Session	Bagley

Abstract: Requires coverage for a patient's choice of medical and surgical treatment following a diagnosis of cancer.

<u>Proposed law</u> provides that decisions regarding treatment procedures performed following a diagnosis of cancer are to be made solely by the patient in consultation with attending physicians. Clarifies that all levels of medical and surgical treatment are medically necessary and prohibits exclusion from coverage. Requires consulting physicians to consider recognized, evidence-based standards, such as the National Comprehensive Cancer Network, in making treatment recommendations.

<u>Proposed law</u> requires a health benefit plan offered by a health insurance issuer that provides medical and surgical benefits for cancer treatments to cover the medical and surgical treatments corresponding to urinary and sexual dysfunction resulting from treatments that have been chosen by a patient diagnosed with cancer, in consultation with the attending physician. Further prohibits denial of coverage for procedures correcting urinary and sexual dysfunction resulting from treatments, including penile injections, external pumps, and surgical implants, as chosen by a patient in consultation with the attending physician.

Proposed law defines "health benefit plan" and "health insurance issuer".

(Adds R.S. 22:1077.3)