RÉSUMÉ DIGEST

ACT 711 (HB 1176) **2026 Regular Session** **Freeman**

New law mandates that all Medicare Advantage plans offered within this jurisdiction must provide coverage for integrative care services when such services are recommended pursuant to nationally recognized clinical practice guidelines and are delivered in connection with the diagnosis, treatment, or management of a medically covered condition. Coverage for the aforementioned services may be subject to cost-sharing obligations, which may include deductibles, coinsurance, copayments, and prior authorization, provided such terms are consistent with the Medicare Advantage plan's existing provisions and applicable federal regulations.

New law defines integrative care services as evidence-based therapeutic modalities that are utilized in conjunction with conventional medical treatments and that are endorsed by nationally recognized clinical practice guidelines. Such modalities may include but are not limited to acupuncture, cryotherapy, and scalp cooling systems.

Medicare Advantage plan refers to any Medicare Part C coordinated care plan, private fee-for-service plan, or any other type of plan duly approved by the Centers for Medicare and Medicaid Services and offered by a licensed Medicare Advantage organization.

New law authorizes Medicare Advantage plans to implement utilization management protocols, provided that such protocols align with federal regulations and do not contradict the coverage requirements as stipulated.

The provisions of new law are enforced solely to the extent permissible under federal law and shall not be construed to impose coverage mandates that conflict with the applicable federal regulations governing Medicare Advantage plans.

The commissioner of insurance is tasked with taking all necessary actions to implement the provisions of this law, including but not limited to the promulgation of applicable rules and regulations and the submission of required documentation to the Centers for Medicare and Medicaid Services.

New law applies to all policies, contracts, or health coverage plans issued on or after Jan. 1, 2027, and requires that existing policies conform to these provisions upon renewal, but in no event later than Jan. 1, 2028.

Effective January 1, 2027.

(Adds R.S. 22:1077.6)