
HOUSE COMMITTEE AMENDMENTS

Substitute for Original House Bill No. 336 by Representative Simon as proposed by the House Committee on Health and Welfare

This document reflects the content of a substitute bill but is not in a bill form; page numbers in this document DO NOT correspond to page numbers in the substitute bill itself.

To enact R.S. 22:1054 and Chapter 67 of Title 46 of the Louisiana Revised Statutes of 1950, to be comprised of R.S. 46:2921, relative to access to coverage for individuals diagnosed with a terminal condition; to prohibit health care plan treatment coverage decisions based upon an individual's terminal diagnosis; to provide for penalties; to provide for definitions; to provide for an effective date; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1054 is hereby enacted to read as follows:

§1054. Requirement for access to coverage for individuals in a health plan diagnosed with a terminal condition

A. Notwithstanding any other provision of the law to the contrary and particularly the provisions of R.S. 22:1047, no health care coverage plan shall deny coverage for medically necessary treatment prescribed by a physician and agreed to by a fully informed insured or, if the insured lacks legal capacity to consent, by a person who has legal authority to consent on the insured's behalf, based solely on an insured's life expectancy or the fact that the insured is diagnosed with a terminal condition.

B. Refusing coverage for medically necessary treatment to be rendered to an insured based solely on the insured's life expectancy or the fact that the insured is diagnosed with a terminal condition shall be a violation of this Section.

C.(1) As used in this Section, "terminal condition" means any malignancy or chronic end-stage cardiovascular or cerebral vascular disease that is likely to result in the insured's death.

(2) As used in this Section, "health coverage plan" means any hospital, health or medical insurance policy, hospital or medical service contract, employee welfare benefit plan, contract or agreement with a health maintenance organization or a preferred provider organization, health and accident insurance policy, or any other insurance contract of this type, including a group insurance plan and the Office of Group Benefits programs.

Section 2. Chapter 67 of Title 46 of the Louisiana Revised Statutes of 1950, comprised of R.S. 46:2921, is hereby enacted to read as follows:

CHAPTER 67. INDIVIDUALS WITH A TERMINAL CONDITION

§2921. Requirement for access to coverage for individuals diagnosed with a terminal condition

A. Notwithstanding any other provision of the law to the contrary, no health benefit paid directly or indirectly with state funds including but not limited to Medicaid shall deny coverage for medically necessary treatment prescribed by a physician and agreed to by a fully informed individual or, if the individual lacks legal capacity to consent, by a person who has legal authority to consent on the individual's behalf, based solely on an individual's life expectancy or the fact that the individual has been diagnosed with a terminal condition.

B. Refusing coverage for medically necessary treatment to be rendered to an individual based solely on the individual's life expectancy or the fact that the individual has been diagnosed with a terminal condition shall be a violation of this Section.

C. As used in this Section, "terminal condition" means any malignancy or chronic end-stage cardiovascular or cerebral vascular disease that is likely to result in the individual's death.

Section 3. This Act shall become effective upon signature by the governor or, if not signed by the governor, upon expiration of the time for bills to become law without signature by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If vetoed by the governor and subsequently approved by the legislature, this Act shall become effective on the day following such approval.

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)]

Abstract: Prohibits a health insurance provider from making coverage decisions based on an insured's life expectancy or terminal condition.

Proposed law prohibits a health care coverage plan from denying coverage for medically necessary treatment prescribed by a physician and agreed to by a fully informed insured or, if the insured lacks legal capacity to consent, by a person who has legal authority to consent on the insured's behalf, based solely on an insured's life expectancy or the fact that the insured is diagnosed with a terminal condition.

Proposed law prohibits a health benefit paid directly or indirectly with state funds including but not limited to Medicaid from denying coverage for medically necessary treatment prescribed by a physician and agreed to by a fully informed individual or, if the individual lacks legal capacity to consent, by a person who has legal authority to consent on the individual's behalf, based solely on an individual's life expectancy or the fact that the individual has been diagnosed with a terminal condition.

Proposed law provides that refusing coverage for medically necessary treatment to be rendered to an individual based solely on the individual's life expectancy or the fact that the individual is diagnosed with a terminal condition shall be a violation of proposed law.

Proposed law defines "terminal condition" as any malignancy or chronic end-stage cardiovascular or cerebral vascular disease that is likely to result in the insured's death.

Proposed law defines "health coverage plan" as any hospital, health or medical insurance policy, hospital or medical service contract, employee welfare benefit plan, contract or agreement with a health maintenance organization or a preferred provider organization, health and accident insurance policy, or any other insurance contract of this type, including a group insurance plan and the Office of Group Benefits programs.

Effective upon signature of governor or lapse of time for gubernatorial action.

(Adds R.S. 22:1054 and R.S. 46:2921)