

ASSEMBLY BILL

No. 213

Introduced by Assembly Member Liu

February 3, 2005

An act to add Section 1367.666 to the Health and Safety Code, and to add Section 10123.175 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 213, as introduced, Liu. Health care coverage for lymphedema.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the regulation of health care service plans by the Department of Managed Health Care and makes a violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance.

This bill would require a health care service plan and a health insurer to provide coverage for the treatment of lymphedema.

By creating new requirements for health care service plans, the willful violation of which would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1367.666 is added to the Health and
2 Safety Code, to read:

3 1367.666. (a) Every health care service plan contract, except
4 a specialized health care service plan contract, that is issued,
5 amended, renewed, or delivered on or after January 1, 2006, that
6 covers hospital, medical, or surgery expenses, shall include
7 coverage for the medical diagnosis and treatment of lymphedema
8 in accordance with the current standard of care of lymphedema.
9 The health care service plan contract shall cover the costs of all
10 of the following:

11 (1) Differential diagnoses of lymphedema of all body sites
12 from all causes by a qualified physician knowledgeable of the
13 condition.

14 (2) Treatment in accordance with current standard of
15 lymphedema care of primary lymphedema and secondary
16 lymphedema resulting from surgical or radiation treatments of
17 cancer, other surgical procedures, and other origins such as
18 trauma, burns, inflammation, postbirth, by a qualified
19 lymphedema therapist at the time of initial onset of lymphedema
20 and when medically indicated thereafter.

21 (3) Medically required compression garments, compression
22 pads, bandages, bandage liners and pads, orthotic devices, and
23 special footwear deemed by the patient's qualified caregiver to
24 be medically necessary, with replacements provided when
25 required to maintain the compressive function or to
26 accommodate changes in the patient's dimensions. Fitting and
27 adjustment of compression garments and orthotic devices shall
28 be performed by a fitter who is certified by the garment or
29 orthotic device manufacturer. These items shall be covered
30 during initial treatment, medically indicated follow-up treatment,
31 and at home self-care.

32 (4) Patient education on home self-care.

33 (b) The course of therapy shall be determined by a qualified,
34 competent physician knowledgeable in the diagnosis and current
35 treatment standards of lymphedema as defined by the National
36 Lymphedema Network (NLN), International Society of
37 Lymphology (ISL), or the American Cancer Society (ACS).

1 (c) A treatment plan shall be written defining the goal of the
2 therapy, the schedule, the measurements to be made to validate
3 the efficacy of the treatment, and patient compliance.

4 (d) Treatment may include, but is not limited to, a course of
5 manual lymph drainage (MLD) with the length, duration, and
6 frequency determined on the basis of medical necessity, and not
7 on guidelines governing rehabilitative therapy. The MLD shall be
8 performed by a therapist who is trained and certified in the
9 specialized treatment of lymphedema from a recognized training
10 program with a minimum of 135 hours.

11 (e) Patient education shall include the following:

12 (1) Phase 1. Training of the patient to perform self-treatment
13 in a home setting.

14 (2) Phase 2. Appropriate bandaging; wearing and care of
15 compression garments; use of specialized, manually adjustable
16 compression orthotic devices, donning aids, and other required
17 ancillary equipment; techniques for self-measurement; skin care
18 and recognition of early infection, and the steps to be taken if
19 infection occurs.

20 (f) For purposes of this section, the following definitions
21 apply:

22 (1) Current treatment standards of lymphedema means the
23 accepted medical standards for the diagnosis and treatment of
24 lymphedema as defined by knowledgeable medical specialty
25 groups such as the NLN, ACS, or ISL.

26 (2) Complex decongestive therapy (CDT) means a number of
27 interrelated treatment modalities that are most efficacious when
28 utilized in an interdependent fashion, and includes all of the
29 following:

30 (A) Proper skin care, which will optimize the supple texture of
31 the skin and, with the other components of this therapy, minimize
32 the risk of infection through cutaneous portals of entry.

33 (B) Manual lymph drainage (MLD), a specialized form of
34 massage that has been demonstrated to stimulate and direct
35 lymphatic flow, thereby decreasing the edema and fibrous
36 changes of the involved body part.

37 (C) Compression therapy, which includes application of
38 multilayered low-stretch bandages with appropriate padding to
39 enhance the effect of muscular activity in the clearance of
40 lymphatic fluid from the affected body part. Nonelastic manually

1 adjustable compression devices may be worn during nonactive
2 periods and elastic compression garments may be worn during
3 active portions of the day.

4 (D) Exercise, which may include, but is not limited to, active
5 range of motion, and may be individualized according to the
6 patient's medical and psychosocial needs and capacity. Exercise
7 is maximally effective when performed while the
8 lymphedematous limb is bandaged.

9 (g) No individual other than a licensed physician and surgeon
10 competent to evaluate the specific clinical issues involved in the
11 care requested may deny requests for authorization of health care
12 services and materials pursuant to this section.

13 (h) The copayments and deductibles for the benefits specified
14 in subdivision (a) shall not exceed those established for similar
15 benefits within the given plan.

16 (i) A plan shall not do any of the following in providing the
17 coverage described in subdivision (a):

18 (1) Reduce or limit the reimbursement of the attending
19 provider for providing care to an enrollee or subscriber in
20 accordance with the coverage requirements.

21 (2) Provide monetary or other incentives to an attending
22 provider to induce the provider to provide care to an enrollee or
23 subscriber in a manner inconsistent with the coverage
24 requirements.

25 (3) Provide monetary payments or rebates to an individual
26 enrollee or subscriber to encourage acceptance of less than the
27 coverage requirements.

28 (4) Reduce or eliminate coverage as a result of the
29 requirements of this section.

30 (j) On or after July 1, 2006, every health care service plan
31 governed by this section shall include notice of the coverage
32 required by this section in the plan's evidence of coverage and
33 disclosure forms.

34 (k) Nothing in this section shall be construed to do any of the
35 following:

36 (1) To limit retrospective utilization review and quality
37 assurance activities by the plan.

38 (2) To establish a new mandated benefit or to prevent
39 application of deductible or copayment provisions in a plan.

1 (3) To require that a plan be extended to cover any other
2 procedures under an individual or a group health care service
3 plan contract.

4 (4) To authorize an enrollee to receive the services required to
5 be covered by this section if a nonparticipating provider furnishes
6 those services, unless a participating physician or nurse
7 practitioner providing care refers the enrollee to that provider.

8 SEC. 2. Section 10123.175 is added to the Insurance Code, to
9 read:

10 10123.175. (a) Every individual or group health insurance
11 policy that is issued, amended, renewed, or delivered on or after
12 January 1, 2006, that covers hospital, medical, or surgery
13 expenses, shall include coverage for the medical diagnosis and
14 treatment of lymphedema in accordance with the current standard
15 of care of lymphedema. The policy shall cover the costs of all of
16 the following:

17 (1) Differential diagnoses of lymphedema of all body sites
18 from all causes by a qualified physician knowledgeable of the
19 condition.

20 (2) Treatment in accordance with current standard of
21 lymphedema care of primary lymphedema and secondary
22 lymphedema resulting from surgical or radiation treatments of
23 cancer, other surgical procedures, and other origins such as
24 trauma, burns, inflammation, postbirth, by a qualified
25 lymphedema therapist at the time of initial onset of lymphedema
26 and when medically indicated thereafter.

27 (3) Medically required compression garments, compression
28 pads, bandages, bandage liners and pads, orthotic devices, and
29 special footwear deemed by the patient's qualified caregiver to
30 be medically necessary, with replacements provided when
31 required to maintain the compressive function or to
32 accommodate changes in the patient's dimensions. Fitting and
33 adjustment of compression garments and orthotic devices shall
34 be performed by a fitter who is certified by the garment or
35 orthotic device manufacturer. These items shall be covered
36 during initial treatment, medically indicated follow-up treatment,
37 and at home self-care.

38 (4) Patient education on home self-care.

39 (b) The course of therapy shall be determined by a qualified,
40 competent physician knowledgeable in the diagnosis and current

1 treatment standards of lymphedema as defined by the National
2 Lymphedema Network (NLN), International Society of
3 Lymphology (ISL), or the American Cancer Society (ACS).

4 (c) A treatment plan shall be written defining the goal of the
5 therapy, the schedule, the measurements to be made to validate
6 the efficacy of the treatment, and patient compliance.

7 (d) Treatment may include, but is not limited to, a course of
8 manual lymph drainage (MLD) with the length, duration, and
9 frequency determined on the basis of medical necessity, and not
10 on guidelines governing rehabilitative therapy. The MLD shall be
11 performed by a therapist who is trained and certified in the
12 specialized treatment of lymphedema from a recognized training
13 program with a minimum of 135 hours.

14 (e) Patient education shall include the following:

15 (1) Phase 1. Training of the patient to perform self-treatment
16 in a home setting.

17 (2) Phase 2. Appropriate bandaging; wearing and care of
18 compression garments; use of specialized, manually adjustable
19 compression orthotic devices, donning aids, and other required
20 ancillary equipment; techniques for self-measurement; skin care
21 and recognition of early infection, and the steps to be taken if
22 infection occurs.

23 (f) For purposes of this section, the following definitions
24 apply:

25 (1) Current treatment standards of lymphedema means the
26 accepted medical standards for the diagnosis and treatment of
27 lymphedema as defined by knowledgeable medical specialty
28 groups such as the NLN, ACS, or ISL.

29 (2) Complex decongestive therapy (CDT) means a number of
30 interrelated treatment modalities that are most efficacious when
31 utilized in an interdependent fashion, and includes all of the
32 following:

33 (A) Proper skin care, which will optimize the supple texture of
34 the skin and, with the other components of this therapy, minimize
35 the risk of infection through cutaneous portals of entry.

36 (B) Manual lymph drainage (MLD), a specialized form of
37 massage that has been demonstrated to stimulate and direct
38 lymphatic flow, thereby decreasing the edema and fibrous
39 changes of the involved body part.

1 (C) Compression therapy, which includes application of
2 multilayered low-stretch bandages with appropriate padding to
3 enhance the effect of muscular activity in the clearance of
4 lymphatic fluid from the affected body part. Nonelastic manually
5 adjustable compression devices may be worn during nonactive
6 periods and elastic compression garments may be worn during
7 active portions of the day.

8 (D) Exercise, which may include, but is not limited to, active
9 range of motion, and may be individualized according to the
10 patient's medical and psychosocial needs and capacity. Exercise
11 is maximally effective when performed while the
12 lymphedematous limb is bandaged.

13 (g) No individual other than a licensed physician and surgeon
14 competent to evaluate the specific clinical issues involved in the
15 care requested may deny requests for authorization of health care
16 services and materials pursuant to this section.

17 (h) The copayments and deductibles for the benefits specified
18 in subdivision (a) shall not exceed those established for similar
19 benefits within the given policy.

20 (i) A health insurance policy shall not do any of the following
21 in providing the coverage described in subdivision (a):

22 (1) Reduce or limit the reimbursement of the attending
23 provider for providing care to an insured in accordance with the
24 coverage requirements.

25 (2) Provide monetary or other incentives to an attending
26 provider to induce the provider to provide care to an insured in a
27 manner inconsistent with the coverage requirements.

28 (3) Provide monetary payments or rebates to an insured to
29 encourage acceptance of less than the coverage requirements.

30 (4) Reduce or eliminate coverage as a result of the
31 requirements of this section.

32 (j) On or after July 1, 2006, every health insurance policy
33 governed by this section shall include notice of the coverage
34 required by this section in the policy's evidence of coverage and
35 certificate of insurance.

36 (k) Nothing in this section shall be construed to do any of the
37 following:

38 (1) To limit retrospective utilization review and quality
39 assurance activities by the policy.

1 (2) To establish a new mandated benefit or to prevent
2 application of deductible or copayment provisions in a policy.

3 (3) To require that a policy be extended to cover any other
4 procedures under an individual or a group health insurance
5 policy.

6 (4) To authorize an insured to receive the services required to
7 be covered by this section if a nonparticipating provider furnishes
8 those services, unless a participating physician or nurse
9 practitioner providing care refers the insured to that provider.

10 SEC. 3. No reimbursement is required by this act pursuant to
11 Section 6 of Article XIII B of the California Constitution because
12 the only costs that may be incurred by a local agency or school
13 district will be incurred because this act creates a new crime or
14 infraction, eliminates a crime or infraction, or changes the
15 penalty for a crime or infraction, within the meaning of Section
16 17556 of the Government Code, or changes the definition of a
17 crime within the meaning of Section 6 of Article XIII B of the
18 California Constitution.