

By: Stevens, Barbour, Chism, Coleman (65th), To: Insurance
Dedeaux, Dickson, Eads, Formby, Ketchings,
Robinson (63rd), Simpson

HOUSE BILL NO. 654

1 AN ACT TO REQUIRE THAT CERTAIN HEALTH INSURANCE POLICIES
2 SHALL PROVIDE RECONSTRUCTIVE SURGERY AFTER A MASTECTOMY HAS BEEN
3 PERFORMED; TO PROVIDE THAT WRITTEN NOTICE OF THE AVAILABILITY OF
4 SUCH COVERAGE SHALL BE DELIVERED TO THE POLICYHOLDER UPON
5 ENROLLMENT AND ANNUALLY THEREAFTER; AND FOR RELATED PURPOSES.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

7 SECTION 1. The following section shall be codified in
8 Chapter 9 of Title 85:

9 (1) As used in this section, the term "health insurance
10 issuer" means any insurance company, hospital or medical service
11 plan or any entity defined in Section 83-41-303(N), which offers
12 group or individual health insurance coverage in the State of
13 Mississippi.

14 (2) A health insurance issuer providing health insurance
15 coverage in connection with a group or individual health plan that
16 provides medical and surgical benefits with respect to a
17 mastectomy shall provide an insured or enrollee who is receiving
18 benefits in connection with a mastectomy and who elects breast
19 reconstruction in connection with such mastectomy, coverage for
20 all stages of reconstruction of the breast on which the mastectomy
21 has been performed; surgery and reconstruction of the other breast
22 to produce a symmetrical appearance; and prostheses and physical

23 complications of mastectomy, including lymphedemas in a manner
24 determined in consultation with the attending physician and the
25 patient. Such coverage may be subject to annual deductibles and
26 coinsurance provisions as may be deemed appropriate and as are
27 consistent with those established for other benefits under the
28 plan or coverage. Written notice of the availability of such
29 coverage shall be delivered to the insured in the case of an
30 individual policy, and to the certificate holder in the case of a
31 group policy, upon enrollment and annually thereafter.

32 (3) A health insurance issuer providing health insurance
33 coverage in connection with a group or individual health plan
34 shall provide notice to the named insured in the case of an
35 individual policy, and to each certificate holder in the case of a
36 group policy, regarding the coverage required by this section.
37 Such notice shall be in writing and prominently positioned in any
38 literature or correspondence made available or distributed by the
39 health insurance issuer and shall be transmitted to the named
40 insured or certificate holder not later than July 1, 2000. The
41 notice prescribed by this subsection shall be filed with and
42 approved by the Commissioner of Insurance before distribution by
43 the health insurance issuer.

44 (4) A health insurance issuer offering group or individual
45 health insurance coverage in connection with a group health plan,
46 may not:

47 (a) Deny to a patient eligibility, or continued
48 eligibility, to enroll or to renew coverage under the terms of the
49 plan solely for the purpose of avoiding the requirements of the
50 section; or

51 (b) Penalize or otherwise reduce or limit the
52 reimbursement of an attending provider or provide incentives
53 (monetary or otherwise) to an attending provider to induce such

54 provider to provide care to an insured or enrollee in a manner
55 inconsistent with this section.

56 (5) Nothing in this section shall be construed to prevent a
57 health insurance issuer offering group or individual health
58 insurance coverage from negotiating the level and type of
59 reimbursement with a provider for care provided in accordance with
60 this section.

61 SECTION 2. This act shall take effect and be in force from
62 and after its passage.