

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

HOUSE BILL NO. 654  
(As Passed the House)

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.