## \*\*\*Adopted\*\*\* AMENDMENT No. 1 PROPOSED TO

## Senate Bill NO. 2573

## By Representative(s) Committee

Amend by striking all after the enacting clause and inserting 8 in lieu thereof the following:

9

- 10 <u>SECTION 1.</u> The following section shall be codified in 11Chapter 9 of Title 85:
- 12 (1) As used in this section, the term "health insurance 13issuer" means any insurance company, hospital or medical service 14plan or any entity defined in Section 83-41-303(N), which offers 15group or individual health insurance coverage in the State of 16Mississippi.
- 17 (2) A health insurance issuer providing health insurance
  18 coverage in connection with a group or individual health plan that
  19 provides medical and surgical benefits with respect to a
  20 mastectomy shall provide an insured or enrollee who is receiving
  21 benefits in connection with a mastectomy and who elects breast
  22 reconstruction in connection with such mastectomy, coverage for
  23 all stages of reconstruction of the breast on which the mastectomy
  24 has been performed; surgery and reconstruction of the other breast
  25 to produce a symmetrical appearance; and prostheses and physical
  26 complications of mastectomy, including lymphedemas in a manner
  27 determined in consultation with the attending physician and the
  28 patient. Such coverage may be subject to annual deductibles and
  29 coinsurance provisions as may be deemed appropriate and as are

30 consistent with those established for other benefits under the 31 plan or coverage. Written notice of the availability of such 32 coverage shall be delivered to the insured in the case of an 33 individual policy, and to the certificate holder in the case of a 34 group policy, upon enrollment and annually thereafter.

- 35 (3) A health insurance issuer providing health insurance 36 coverage in connection with a group or individual health plan 37 shall provide notice to the named insured in the case of an 38 individual policy, and to each certificate holder in the case of a 39 group policy, regarding the coverage required by this section. 40 Such notice shall be in writing and prominently positioned in any 41 literature or correspondence made available or distributed by the 42 health insurance issuer and shall be transmitted to the named 43 insured or certificate holder not later than July 1, 2000. The 44 notice prescribed by this subsection shall be filed with and 45 approved by the Commissioner of Insurance before distribution by 46 the health insurance issuer.
- 47 (4) A health insurance issuer offering group or individual 48health insurance coverage in connection with a group health plan, 49may not:
- 50 (a) Deny to a patient eligibility, or continued
  51eligibility, to enroll or to renew coverage under the terms of the
  52plan solely for the purpose of avoiding the requirements of the
  53section; or
- 54 (b) Penalize or otherwise reduce or limit the
  55reimbursement of an attending provider or provide incentives
  56 (monetary or otherwise) to an attending provider to induce such
  57provider to provide care to an insured or enrollee in a manner
  58 inconsistent with this section.
- 59 (5) Nothing in this section shall be construed to prevent a 60health insurance issuer offering group or individual health 61insurance coverage from negotiating the level and type of 62reimbursement with a provider for care provided in accordance with 63this section.
- 64 SECTION 2. This act shall take effect and be in force from

65 and after its passage.

Further, amend by striking the title in its entirety and inserting in lieu thereof the following:

AN ACT TO REQUIRE THAT CERTAIN HEALTH INSURANCE POLICIES 2SHALL 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.