AN ACT TO REQUIRE INSURANCE COVERAGE FOR A MINIMUM AMOUNT OF 
POST-SURGICAL CARE FOR WOMEN WHO HAVE HAD MASTECTOMIES; TO 
PROHIBIT CERTAIN PENALIZING ACTIONS AGAINST ATTENDING PROVIDERS 
WHO ORDER CARE CONSISTENT WITH THE PROVISIONS OF THIS ACT; AND FOR 
RELATED PURPOSES.

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

SECTION 1. The Legislature hereby finds and declares that:

(a) Some insurers are cutting costs by making
mastectomies, the surgical amputation of a woman's breast, an
outpatient procedure.

(b) Women, even those sixty-five (65) and over, are
discharged from the hospital hours after surgery, and husbands and
other family members are expected to monitor bleeding and empty
drainage bags hanging from the wound.

(c) More than three thousand (3,000) elderly women
endured mastectomies as outpatients last year alone.

(d) Advocates for outpatient mastectomies cite cost
savings. A mastectomy with a customary three-night hospital stay
costs over Six Thousand Dollars ($6,000.00), while an outpatient
procedure saves about seventy-five percent (75%) of that; but it
doesn't save a woman from the danger of hemorrhaging the first
night or from out-of-control pain or from psychological trauma.

SECTION 2. The following words shall have the meanings
ascribed herein unless the context clearly indicates otherwise:

(a) "Attending provider" means the licensed physician
attending the woman.

(b) "Insurer" means any entity that provides health
benefits on a risk basis, including, but not limited to, group and
individual insurers, health maintenance organizations and preferred provider organizations, and any program funded under Title XIX of the Social Security Act or any other publicly funded program.

(c) "Mastectomy" means the surgical amputation of a woman's breast by a licensed physician.

SECTION 3. (1) Any insurer that offers health benefits shall provide coverage of a minimum of forty-eight (48) hours of inpatient care for a woman following a normal mastectomy.

(2) Any decision to shorten the length of inpatient stay to less than that provided under subsection (1) shall be made by the attending providers after conferring with the patient.

(3) If a woman is discharged pursuant to subsection (2) prior to the inpatient length of stay provided under subsection (1), coverage shall be provided for a follow-up visit within forty-eight (48) hours of discharge. Services provided shall be consistent with protocols and guidelines developed by national professional organizations for these services.

SECTION 4. No insurer may deselect, terminate the services of, require additional documentation from, require additional utilization review, reduce payments, or otherwise provide financial disincentives to any attending provider who orders care consistent with the provisions of this act.

SECTION 5. Every insurer shall provide notice to policyholders regarding the coverage required under this act. The notice shall be in writing and shall be transmitted at the earliest of either the next mailing to the policyholder, the yearly summary of benefits sent to the policyholder, or January 1 of the year following the effective date of this act.

SECTION 6. This act shall take effect and be in force from and after July 1, 2003.