

By: Senator(s) Jordan

To: Insurance; Public Health
and Welfare

SENATE BILL NO. 2436

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

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

7 **SECTION 1.** The Legislature hereby finds and declares that:

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

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

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

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

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

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

27 (b) "Insurer" means any entity that provides health
28 benefits on a risk basis, including, but not limited to, group and



29 individual insurers, health maintenance organizations and
30 preferred provider organizations, and any program funded under
31 Title XIX of the Social Security Act or any other publicly funded
32 program.

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

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

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

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

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

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

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

