

By: Kirby, Blackmon

To: Insurance

SENATE BILL NO. 2573
(As Passed the Senate)

1 AN ACT TO REQUIRE THAT CERTAIN HEALTH INSURANCE POLICIES AND
2 THE STATE AND SCHOOL EMPLOYEES HEALTH INSURANCE PLAN SHALL PROVIDE
3 RECONSTRUCTIVE SURGERY AFTER A MASTECTOMY HAS BEEN PERFORMED; TO
4 PROVIDE THAT WRITTEN NOTICE OF THE AVAILABILITY OF SUCH COVERAGE
5 SHALL BE DELIVERED TO THE POLICYHOLDER UPON ENROLLMENT AND
6 ANNUALLY THEREAFTER; TO REQUIRE THAT CERTAIN HEALTH INSURANCE
7 POLICIES SHALL PROVIDE COVERAGE OF CERTAIN CANCER SCREENING
8 PROCEDURES; TO REQUIRE THAT CERTAIN HEALTH INSURANCE POLICIES
9 SHALL PROVIDE COVERAGE OF A MINIMUM OF 48 HOURS OF INPATIENT CARE
10 FOR A WOMAN FOLLOWING A NORMAL MASTECTOMY; AND FOR RELATED
11 PURPOSES.

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

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

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

20 (2) A health insurance issuer providing health insurance
21 coverage in connection with a group or individual health plan that
22 provides medical and surgical benefits with respect to a
23 mastectomy shall provide an insured or enrollee who is receiving
24 benefits in connection with a mastectomy and who elects breast
25 reconstruction in connection with such mastectomy, coverage for
26 all stages of reconstruction of the breast on which the mastectomy
27 has been performed; surgery and reconstruction of the other breast
28 to produce a symmetrical appearance; and prostheses and physical
29 complications of mastectomy, including lymphedemas in a manner
30 determined in consultation with the attending physician and the

31 patient. Such coverage may be subject to annual deductibles and
32 coinsurance provisions as may be deemed appropriate and as are
33 consistent with those established for other benefits under the
34 plan or coverage. Written notice of the availability of such
35 coverage shall be delivered to the insured in the case of an
36 individual policy, and to the certificate holder in the case of a
37 group policy, upon enrollment.

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

50 (4) A health insurance issuer offering group or individual
51 health insurance coverage in connection with a group health plan,
52 may not:

53 (a) Deny to a patient eligibility, or continued
54 eligibility, to enroll or to renew coverage under the terms of the
55 plan solely for the purpose of avoiding the requirements of the
56 section; or

57 (b) Penalize or otherwise reduce or limit the
58 reimbursement of an attending provider or provide incentives
59 (monetary or otherwise) to an attending provider to induce such
60 provider to provide care to an insured or enrollee in a manner
61 inconsistent with this section.

62 (5) A health insurance issuer providing health insurance
63 coverage in connection with a group or individual health plan
64 shall provide coverage for mammograms, breast ultrasounds, pap
65 smears (lab and procedure), biopsies, flexible sigmoidoscopies,
66 hemocult stool specimens, chest x-rays, CEA (blood tests for colon
67 cancer), CA 125 (blood tests for ovarian cancer), PSA (blood tests

68 for prostate cancer), thermographies and colonoscopies.

69 (6) (a) A health insurance issuer providing health
70 insurance coverage in connection with a group or individual health
71 plan shall provide coverage of a minimum of forty-eight (48) hours
72 of inpatient care for a woman following a normal mastectomy.

73 (b) Any decision to shorten the length of inpatient
74 stay to less than that provided under this paragraph (a) of this
75 subsection shall be made by the attending providers after
76 conferring with the patient.

77 (c) If a woman is discharged pursuant to paragraph (b)
78 of this subsection prior to the inpatient length of stay provided
79 under paragraph (a) of this subsection, coverage shall be provided
80 for a follow-up visit within forty-eight (48) hours of discharge.
81 Services provided shall be consistent with protocols and
82 guidelines developed by national professional organizations for
83 these services.

84 (7) Nothing in this section shall be construed to prevent a
85 health insurance issuer offering group or individual health
86 insurance coverage from negotiating the level and type of
87 reimbursement with a provider for care provided in accordance with
88 this section.

89 SECTION 2. The following section shall be codified in
90 Chapter 15 of Title 25:

91 (1) The State and School Employees Health Insurance Plan
92 shall provide an enrollee who is receiving benefits in connection
93 with a mastectomy and who elects breast reconstruction in
94 connection with such mastectomy, coverage for all stages of
95 reconstruction of the breast on which the mastectomy has been
96 performed; surgery and reconstruction of the other breast to
97 produce a symmetrical appearance; and prostheses and physical
98 complications of mastectomy, including lymphedemas in a manner
99 determined in consultation with the attending physician and the
100 patient. Such coverage may be subject to annual deductibles and

101 coinsurance provisions as may be deemed appropriate and as are
102 consistent with those established for other benefits under the
103 plan. Written notice of the availability of such coverage shall
104 be delivered to the certificate holder upon enrollment and
105 annually thereafter.

106 (2) The State and School Employees Health Insurance Plan
107 shall provide notice to each enrollee regarding the coverage
108 required by this section. Such notice shall be in writing and
109 prominently positioned in any literature or correspondence made
110 available or distributed by the plan and shall be transmitted to
111 the enrollee not later than July 1, 2000.

112 (3) The State and School Employees Health Insurance Plan may
113 not:

114 (a) Deny to a patient eligibility, or continued
115 eligibility, to enroll or to renew coverage under the terms of the
116 plan solely for the purpose of avoiding the requirements of the
117 section; or

118 (b) Penalize or otherwise reduce or limit the
119 reimbursement of an attending provider or provide incentives
120 (monetary or otherwise) to an attending provider to induce such
121 provider to provide care to an enrollee in a manner inconsistent
122 with this section.

123 (4) Nothing in this section shall be construed to prevent
124 the plan from negotiating the level and type of reimbursement with
125 a provider for care provided in accordance with this section.

126 SECTION 3. This act shall take effect and be in force from
127 and after its passage.