

Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

1 State of Arkansas  
2 84th General Assembly  
3 Regular Session, 2003  
4

# A Bill

HOUSE BILL 1280

5 By: Representative R. Smith  
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## For An Act To Be Entitled

9 AN ACT TO AMEND THE ARKANSAS HEALTH CARE CONSUMER  
10 ACT TO REQUIRE HEALTH CARE PROVIDERS TO PROVIDE  
11 MASTECTOMY BENEFITS IN CONFORMITY WITH THE  
12 FEDERAL WOMEN'S HEALTH AND CANCER RIGHTS ACT OF  
13 1998; AND FOR OTHER PURPOSES.  
14

## Subtitle

15 AN ACT TO AMEND THE ARKANSAS HEALTH CARE  
16 CONSUMER ACT TO REQUIRE HEALTH CARE  
17 PROVIDERS TO PROVIDE MASTECTOMY BENEFITS  
18 IN CONFORMITY WITH THE FEDERAL WOMEN'S  
19 HEALTH AND CANCER RIGHTS ACT OF 1998.  
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23 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
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25 SECTION 1. Arkansas Code § 23-99-405 is amended to read as follows:  
26 23-99-405. Mastectomies.

27 ~~(a)(1) Every health care insurer which provides for the surgical~~  
28 ~~procedure known as mastectomy may not restrict benefits for any hospital~~  
29 ~~length of stay in connection with a mastectomy to less than forty eight (48)~~  
30 ~~hours, except as provided in subdivision (a)(2) of this section.~~

31 ~~(2) Subdivision (a)(1) of this section shall not apply in any~~  
32 ~~ease in which the decision to discharge the patient prior to the expiration~~  
33 ~~of the minimum length of stay required in subdivision (a)(1) of this section~~  
34 ~~is made by an attending physician in consultation with the patient.~~

35 ~~(b) Every health care insurer which provides benefits for mastectomy~~  
36 ~~shall include coverage for prosthetic devices and reconstructive surgery.~~



1       (a) Every health benefit plan, issued or renewed after the effective  
 2 date of this act, providing mastectomy benefits, shall conform with the  
 3 requirements of the Women’s Health and Cancer Rights Act of 1998, at 42  
 4 U.S.C. § 300gg-6, and 42 U.S.C. § 300gg-52, as it existed on January 1, 2003.

5       (b) To the extent the requirements of this section do not conflict  
 6 with federal law, rules, or regulations, each health care insurer providing  
 7 mastectomy benefits in a health benefit plan shall, in a manner determined in  
 8 consultation with the attending physician and the enrollee or insured:

9               (1) Provide for medical and surgical benefits for any hospital  
 10 stay in connection with a mastectomy for not less than forty-eight (48)  
 11 hours, unless the decision to discharge the patient before the expiration of  
 12 the minimum length of stay is made by an attending physician in consultation  
 13 with the enrollee or insured;

14               (2) Provide the following medical and surgical benefits with  
 15 respect to mastectomy coverage, if an enrollee or insured receives benefits  
 16 in connection with a mastectomy and elects breast reconstruction:

17                       (A) Surgery and reconstruction of the breast on which the  
 18 mastectomy has been performed;

19                       (B) Surgery and reconstruction of the other breast to  
 20 produce a symmetrical appearance; and

21                       (C) Prostheses and coverage for physical complications at  
 22 all stages of a mastectomy, including lymphedemas; and

23               (3) Provide written notice of the availability of coverage under  
 24 this section to the enrollee or insured upon enrollment and annually  
 25 thereafter.

26       (c) No health care insurer providing mastectomy benefits under this  
 27 section shall:

28               (1) Deny an enrollee or insured eligibility or continued  
 29 eligibility to enroll or renew coverage under the terms of the health plan  
 30 solely for the purpose of avoiding the requirements of this section; or

31               (2) Penalize, reduce, or limit the reimbursement of an attending  
 32 provider or induce the provider to provide care in a manner inconsistent with  
 33 this section.

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