

2002 SESSION

INTRODUCED

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HOUSE BILL NO. 662

Offered January 9, 2002

Prefiled January 9, 2002

A BILL to amend and reenact § 38.2-3418.4 of the Code of Virginia, relating to coverage for reconstructive breast surgery.

Patrons—May; Senator: Mims

Referred to Committee on Commerce and Labor

Be it enacted by the General Assembly of Virginia:

1. That § 38.2-3418.4 of the Code of Virginia is amended and reenacted as follows:

§ 38.2-3418.4. Coverage for reconstructive breast surgery.

A. Notwithstanding the provisions of § 38.2-3419, each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense-incurred basis; each corporation providing individual or group accident and sickness subscription contracts; and each health maintenance organization providing a health care plan for health care services shall provide coverage for reconstructive breast surgery under such policy, contract or plan delivered, issued for delivery or renewed in this Commonwealth ~~on or after July 1,~~ 1998.

B. The reimbursement for reconstructive breast surgery shall be determined according to the same formula by which charges are developed for other medical and surgical procedures. Such coverage shall have durational limits, dollar limits, deductibles and coinsurance factors that are no less favorable than for physical illness generally.

C. For purposes of this section, "mastectomy" means the surgical removal of all or part of the breast as a result of breast cancer and "reconstructive breast surgery" means surgery performed ~~on or after July 1, 1998,~~ (i) coincident with a mastectomy performed for breast cancer or (ii) following a mastectomy performed ~~on or after July 1, 1998,~~ for breast cancer to reestablish symmetry between the two breasts.

D. The provisions of this section shall not apply to short-term travel, accident only, limited or specified disease policies (except policies issued for cancer), policies or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under state or federal governmental plans or to short-term nonrenewable policies of not more than six months' duration.

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