# **2003 SESSION**

**ENROLLED** 

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# VIRGINIA ACTS OF ASSEMBLY - CHAPTER

2 An Act to amend and reenact § 38.2-3418.4 of the Code of Virginia, relating to accident and sickness 3 insurance; coverage for reconstructive breast surgery.

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### Approved

### Be it enacted by the General Assembly of Virginia: 6

#### 7 1. That § 38.2-3418.4 of the Code of Virginia is amended and reenacted as follows: 8

§ 38.2-3418.4. Coverage for reconstructive breast surgery; notice; eligibility.

9 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 10 coverage on an expense-incurred basis; each corporation providing individual or group accident and 11 12 sickness subscription contracts; and each health maintenance organization providing a health care plan 13 for health care services shall provide coverage for reconstructive breast surgery under such policy, 14 contract or plan delivered, issued for delivery or renewed in this Commonwealth.

15 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 16 have durational limits, dollar limits, deductibles and coinsurance factors that are no less favorable than 17 for physical illness generally. Coverage shall be provided in a manner determined in consultation with 18 19 the attending physician and the patient.

20 C. For purposes of this section, "mastectomy" means the surgical removal of all or part of the breast and "reconstructive breast surgery" means surgery performed (i) coincident with or following a 21 mastectomy or (ii) following a mastectomy to reestablish symmetry between the two breasts, for 22 23 reconstructive breast surgery performed on or after October 21, 1998, and while the patient is or was a 24 covered person under the policy, contract or plan. Reconstructive breast surgery shall also include 25 coverage for prostheses, determined as necessary in consultation with the attending physician and patient, and physical complications of mastectomy, including medically necessary treatment of 26 27 lymphedemas.

D. Written notice of the availability of this coverage shall be provided to the enrollee subscribers 28 29 upon enrollment in the policy and annually thereafter. Such notice shall be prominently positioned in 30 any literature or correspondence provided to the enrollee subscribers.

31 E. Eligibility for coverage shall not be denied solely for the purpose of avoiding the requirements of 32 this section, nor shall an attending provider be penalized or have the reimbursement reduced or 33 incentives, monetary or otherwise, provided to induce such provider to provide care in a manner 34 inconsistent with this section.

35 F. 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 36 37 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 38 39 policies of not more than six months' duration.

HB1886ER

[H 1886]