

REVENUE: No revenue impact

FISCAL: No fiscal impact

Action:	Do Pass as Amended and Be Printed Engrossed
Vote:	8 - 0 - 0
Yeas:	Cannon, Doherty, Hoyle, Kennemer, Parrish, Weidner, Greenlick, Thompson
Nays:	0
Exc.:	0
Prepared By:	Sandy Thiele-Cirka, Administrator
Meeting Dates:	4/13, 4/15

WHAT THE MEASURE DOES: Defines mastectomy for purposes of statute requiring health benefit plan coverage of mastectomy and services related to mastectomy. Modifies “tumor or cyst in a breast” to “breast tumor suspected to be malignant”.

ISSUES DISCUSSED:

- Clarification to statutory definition of mastectomy
- Ability to access services for partial mastectomy and lumpectomy
- Alignment of statute with the Federal Women’s Health and Cancer Rights Act, 1998
- Coverage of treatment relating to breast cancer
- Possible amendment

EFFECT OF COMMITTEE AMENDMENT: Modifies “tumor or cyst in a breast” to “breast tumor suspected to be malignant”.

BACKGROUND: Currently, ORS 743A.110 states:

(1) All insurers offering a health benefit plan, as defined in ORS 743.730, shall provide payment, coverage or reimbursement for the following mastectomy-related services as determined by the attending physician and enrollee to be part of the enrollee’s course or plan of treatment:

- (a) All stages of reconstruction of the breast on which a mastectomy was performed, including but not limited to nipple reconstruction, skin grafts and stippling of the nipple and areola;
- (b) Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- (c) Prostheses;
- (d) Treatment of physical complications of the mastectomy, including lymphedemas; and
- (e) Inpatient care related to the mastectomy and post-mastectomy services.

(2) An insurer providing coverage under subsection (1) of this section shall provide written notice describing the coverage to the enrollee at the time of enrollment in the health benefit plan and annually thereafter.

(3) A health benefit plan must provide a single determination of prior authorization for all mastectomy-related services covered under subsection (1) of this section that are part of the enrollee’s course or plan of treatment.

(4) When an enrollee requests an external review of an adverse decision by the insurer regarding services described in subsection (1) of this section, the insurer must expedite the enrollee’s case pursuant to ORS 743.857 (4).

(5) The coverage required under subsection (1) of this section is subject to the same terms and conditions in the plan that applies to other benefits under the plan.

4/21/2011 10:33:00 AM

This summary has not been adopted or officially endorsed by action of the committee.