

A-Engrossed
House Bill 3616

Ordered by the House April 21
Including House Amendments dated April 21

Sponsored by Representative HOYLE, Senators BATES, DEVLIN; Representatives BARKER, BEYER, BOONE, BUCKLEY, CANNON, CLEM, COWAN, DEMBROW, DOHERTY, FREDERICK, HARKER, HUNT, KOTEK, NOLAN, SCHAUFLEER, TOMEI, WITT, Senators COURTNEY, PROZANSKI

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Defines "mastectomy" for purposes of statute requiring health benefit plan coverage of mastectomy and services related to mastectomy.

A BILL FOR AN ACT

1
2 Relating to health insurance coverage of mastectomy; amending ORS 743A.110.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1.** ORS 743A.110 is amended to read:

5 743A.110. (1) **As used in this section, "mastectomy" means the surgical removal of all or**
6 **part of a breast or a breast tumor suspected to be malignant.**

7 [(1)] (2) All insurers offering a health benefit plan as defined in ORS 743.730 shall provide pay-
8 ment, coverage or reimbursement for **mastectomy and for** the following [*mastectomy-related*] ser-
9 vices **related to a mastectomy** as determined by the attending physician and enrollee to be part
10 of the enrollee's course or plan of treatment:

11 (a) All stages of reconstruction of the breast on which a mastectomy was performed, including
12 but not limited to nipple reconstruction, skin grafts and stippling of the nipple and areola;

13 (b) Surgery and reconstruction of the other breast to produce a symmetrical appearance;

14 (c) Prostheses;

15 (d) Treatment of physical complications of the mastectomy, including lymphedemas; and

16 (e) Inpatient care related to the mastectomy and post-mastectomy services.

17 [(2)] (3) An insurer providing coverage under subsection [(1)] (2) of this section shall provide
18 written notice describing the coverage to the enrollee at the time of enrollment in the health benefit
19 plan and annually thereafter.

20 [(3)] (4) A health benefit plan must provide a single determination of prior authorization for all
21 [*mastectomy-related*] services **related to a mastectomy** covered under subsection [(1)] (2) of this
22 section that are part of the enrollee's course or plan of treatment.

23 [(4)] (5) When an enrollee requests an external review of an adverse decision by the insurer
24 regarding services described in subsection [(1)] (2) of this section, the insurer must expedite the
25 enrollee's case pursuant to ORS 743.857 (4).

26 [(5)] (6) The coverage required under subsection [(1)] (2) of this section is subject to the same
27 terms and conditions in the plan that apply to other benefits under the plan.

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted.
New sections are in **boldfaced** type.

1 [(6)] (7) This section is exempt from ORS 743A.001.

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