

## **SB 1137 STAFF MEASURE SUMMARY**

### **Senate Committee On Health Care**

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**Meeting Dates:** 3/18, 3/27

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#### **WHAT THE MEASURE DOES:**

The measure requires health benefit plans that cover implant-based breast reconstruction procedures to cover autologous breast reconstruction procedures with terms and conditions no less favorable than implant-based procedures.

#### Detailed Summary:

- Defines “accepted standard of care,” “autologous breast reconstruction procedure,” and “revision to autologous breast reconstruction procedure.”
- Requires health benefit plans that provide implant-based breast reconstruction procedures to cover autologous breast reconstruction procedures with the same utilization review requirements and out-of-pocket costs.
- Requires health benefit plans to satisfy network adequacy standards for coverage required by measure.
- Exempts coverage requirement from automatic sunset.
- Applies to health benefit plans issued, renewed, or extended on or after January 1, 2026.

**FISCAL:** *Has minimal fiscal impact*

**REVENUE:** *No revenue impact*

#### **ISSUES DISCUSSED:**

#### **EFFECT OF AMENDMENT:**

No amendment.

#### **BACKGROUND:**

The Women’s Health and Cancer Rights Act of 1998 ([WHCRA](#)) is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy. For people with group health plans and individual health insurance policies. The most common breast reconstruction procedure is implant-based reconstruction, in which either silicone or saline implants are used to complete the reconstruction. Autologous breast reconstruction procedures use tissue from another part of a patient’s body to complete the reconstruction.

Senate Bill 1137 requires a health benefit plan to cover implant-based and autologous breast reconstruction procedures in the same way, including parity in utilization review requirements and out-of-pocket costs.