

**MISSISSIPPI DEPARTMENT OF INSURANCE
REGULATION 2000-3
WOMEN'S HEALTH AND CANCER RIGHTS**

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Section 1. Authority

This Regulation is promulgated pursuant to the authority vested in the Commissioner of Insurance under Miss. Code Ann. §§ 83-1-43 and 83-5-1 (Rev. 1999), and is promulgated in accordance with Mississippi Insurance Department Regulation No. 88-101, said Regulation being the Rules of Practice and Procedure Before the Mississippi Insurance Department.

Section 2. Purpose and Intent

In order to fully comply with the Health Insurance Portability and Accountability Act of 1996, as Amended, including instructions issued by the Health Care Financing Administration regarding the enforcement thereof, this Regulation is promulgated to require health insurance issuers in the group and individual markets that cover medical and surgical benefits with respect to a mastectomy to cover, for patients who so elect:

- (a) Reconstruction of the breast on which the mastectomy has been performed;
- (b) Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- (c) Prosthesis, and physical complications of mastectomy, including lymphedema.

Section 3. Definition of Health Insurance Issuer

As used in this Regulation, the term "health insurance issuer" shall mean any insurance company, hospital or medical service plan or any entity defined in Miss. Code Ann. § 83-41-303(n) (Rev. 1999), which offers group or individual health insurance coverage in the State of Mississippi.

Section 4. Benefit Requirements

A health insurance issuer providing group or individual health insurance coverage that provides medical and surgical benefits with respect to a mastectomy shall provide an insured or enrollee who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy, coverage for all stages of reconstruction of the breast on which the mastectomy has been performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and physical complications of mastectomy, including lymphedema in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and as are consistent with those established for other benefits under the coverage. Written notice of the availability of such coverage shall be delivered to the insured in the case of an individual policy, and to the certificate holder in the case of a group policy, upon enrollment and annually thereafter.

Section 5. Prohibited Practices

- A. A health insurance issuer offering group or individual health insurance coverage may not:
- (a) Deny to a patient eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the policy solely for the purpose of avoiding the requirements of this Regulation; or
 - (b) Penalize or otherwise reduce or limit the reimbursement of an attending provider or provide incentives (monetary or otherwise) to an attending provider to induce such provider to provide care to an insured or enrollee in a manner inconsistent with this Regulation.
- B. Nothing in this Regulation shall be construed to prevent a health insurance issuer offering group or individual health insurance coverage from negotiating the level and type of reimbursement with a provider for care provided in accordance with this Regulation.

Section 6. Notice

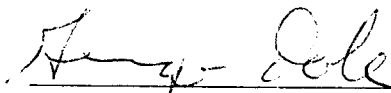
A health insurance issuer providing group or individual health insurance coverage shall provide notice to the named insured in the case of an individual policy, and to each certificate holder in the case of a group policy, regarding the coverage required by this Regulation. Such notice shall be in writing and prominently positioned in any literature or correspondence made available or distributed by the health insurance issuer and shall be transmitted to the named insured or certificate holder not later than October 1, 2000. The notice prescribed by this Section 6. shall be filed with and approved by the Commissioner of Insurance before distribution by the health insurance issuer.

Section 7. Exceptions

This Regulation does not apply to any group health insurance coverage in relation to its provision of excepted benefits described in 42 U.S.C. § 300gg-21(c) and (d), and does not apply to any individual health insurance coverage in relation to its provision of excepted benefits described in 42 U.S.C. § 300gg-63.

Section 8. Effective Date

The effective date of this Regulation shall be thirty (30) days from and after its adoption and filing with the Secretary of State of the State of Mississippi.



George Dale
Commissioner of Insurance