

*State of Idaho*  
**DEPARTMENT OF INSURANCE**

**DIRK KEMPTHORNE**  
Governor

700 West State Street, 3rd Floor  
P.O. Box 83720  
Boise, Idaho 83720-0043  
Phone (208) 334-4250  
Fax (208) 334-4298

**MARY L. HARTUNG**  
Director

**BULLETIN NO. 00-2**

**DATE: January 31, 2000**

**TO: ALL IDAHO DISABILITY/HEALTH INSURANCE CARRIERS**

**FROM: MARY L. HARTUNG**  
**Director**

**SUBJECT: WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998**

This Bulletin is issued to confirm that all disability/health plans offered in Idaho must comply with the Women's Health and Cancer Rights Act of 1998 ("the Act"), which was passed as part of the federal Omnibus Appropriations Act of 1998. The Act requires group health plans and issuers of individual and group health insurance policies (collectively referred to as "health insurers") to provide coverage for reconstructive surgery for women undergoing a mastectomy if the health insurer provides medical and surgical benefits for mastectomies.

**REQUIRED COVERAGE:** A group or individual health benefits plan, policy, or contract that provides medical and surgical benefits for a mastectomy must include the coverage listed below for an enrollee or beneficiary who is receiving benefits in connection with a mastectomy and elects breast reconstruction in connection with the mastectomy. The coverage must include:

1. Reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce symmetrical appearance;
3. Prostheses; and
4. Treatment of physical complications for all stages of mastectomy including lymphedemas.

A health insurer must provide these benefits as determined by consultation between the attending physician and the patient. The health insurer may subject this coverage to the annual deductible and coinsurance provisions for comparable benefits in a policy or contract.

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The Act does not preempt any existing coverage available under state law.

**REQUIRED NOTICE:** A health insurer must provide written notice of these benefits as required by federal regulations. The health insurer must deliver written notice of the availability of this coverage to enrollees and beneficiaries upon enrollment, and annually thereafter. The notice must be prominently positioned in any literature or correspondence. The health insurer should have provided initial notice of such benefits by the earliest of the following dates:

1. Not later than March 1, 2000;
2. As part of any yearly informational packet sent to the enrollee or beneficiary; or
3. In the next mailing from the health insurer to an enrollee or beneficiary.

**PROHIBITIONS:** A health insurer offering medical and surgical benefits shall not:

1. Deny to a patient eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the plan, solely for the purpose of avoiding the Act's requirements; or
2. Penalize or otherwise reduce or limit the reimbursement of an attending provider, or provide incentives (monetary or otherwise) to an attending provider to induce the provider to render care to an individual enrollee or beneficiary in a manner inconsistent with the Act.

A health insurer remains free to negotiate with a provider the level and type of reimbursement for care provided in accordance with the Act.

**EFFECTIVE DATE:** The requirements of the Act apply to:

1. Health insurance coverage offered, sold, issued, renewed, or in force on or after October 21, 1998, for the individual market; and
2. To plan years beginning on or after October 21, 1998, for group health plans.

The purpose of this bulletin is to remind health insurers of the requirements of the Act and to confirm that the requirements of the Act are applicable to health plans offered in this state. Health insurers are advised to make certain all company marketing representatives and claims personnel are aware of this law. If applicable, a health insurer should file with the Department of Insurance any amendatory rider or contract forms necessary to ensure compliance with the Act.

*Please contact Joan Krosch, Health Insurance Coordinator, (208) 334-4300 at the Idaho Department of Insurance if you have any questions.*