

Stricken language would be deleted from and underlined language would be added to present law.

State of Arkansas
95th General Assembly
Regular Session, 2025

A Bill

HOUSE BILL 1859

By: Representatives Rose, Achor, D. Garner, Hudson

By: Senators J. Bryant, G. Leding

For An Act To Be Entitled

AN ACT TO AMEND THE LAW CONCERNING MASTECTOMIES; AND
FOR OTHER PURPOSES.

Subtitle

TO AMEND THE LAW CONCERNING
MASTECTOMIES.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code § 23-99-405 is amended to read as follows:
23-99-405. Mastectomies.

(a) Every health benefit plan providing mastectomy benefits and issued or renewed after July 16, 2003, shall conform with the requirements of the Women's Health and Cancer Rights Act of 1998, 42 U.S.C. §§ 300gg-6 and 300gg-52, as it existed on ~~January 1, 2003~~ January 1, 2025.

(b) To the extent the requirements of this section do not conflict with federal law, rules, or regulations, each healthcare insurer providing mastectomy benefits in a health benefit plan shall provide, in a manner determined in consultation with the attending physician and the enrollee or insured:

(1) For medical and surgical benefits for any hospital stay in connection with a mastectomy for not less than forty-eight (48) hours unless the decision to discharge the patient before the expiration of the minimum length of stay is made by an attending physician in consultation with the enrollee or insured;

(2) The following medical and surgical benefits with respect to mastectomy coverage if an enrollee or insured receives benefits in connection



with a mastectomy and elects breast reconstruction:

(A) Surgery and reconstruction of the breast on which the mastectomy has been performed;

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

(C) Prostheses and coverage for physical complications at all stages of a mastectomy, including lymphedemas; ~~and~~

(3) Written notice of the availability of coverage under this section to the enrollee or insured upon enrollment and annually thereafter; and

(4)(A) Medical and surgical benefits for:

(i) Artificial or biological mesh used to support tissue; and

(ii) A nerve graft to preserve or restore nerve function.

(B) A healthcare insurer, health benefit plan, or group health plan shall reimburse a healthcare provider for the supplies required for the healthcare services provided under subdivision (b)(4)(A) of this section at a rate equal to or greater than one hundred percent (100%) of the healthcare provider's acquisition cost.

(c) ~~No healthcare~~ A healthcare insurer providing mastectomy benefits under this section shall not:

(1) Deny an enrollee or insured eligibility or continued eligibility to enroll or renew coverage under the terms of the health benefit plan solely for the purpose of avoiding the requirements of this section; or

(2) Penalize, reduce, or limit the reimbursement of an attending provider or induce the provider to provide care in a manner inconsistent with this section.

(d) A healthcare insurer or health benefit plan shall cover the healthcare services under this section if the service is performed at a licensed facility, including without limitation:

(1) A hospital;

(2) A hospital outpatient department; and

(3) An ambulatory surgery center.

(e) This section does not apply to a plan providing health benefits to state and public school employees under § 21-5-401 et seq.

(f) This section expires on June 30, 2031, unless extended by the General Assembly.