

10094--B

I N A S S E M B L Y

March 4, 2010

Introduced by M. of A. N. RIVERA, GUNTHER, MAISEL, BOYLAND, JACOBS, BENEDETTO, SPANO, PHEFFER, GOTTFRIED, CHRISTENSEN, M. MILLER, GIBSON, CAHILL, MILLMAN, CASTRO, JAFFEE, SCHIMEL, HYER-SPENCER, MAYERSOHN, HOOPER -- Multi-Sponsored by -- M. of A. GABRYSZAK, JEFFRIES, JOHN, KOON, MARKEY, McENENY, PEOPLES-STOKES, PERRY, REILLY, THIELE, WEISENBERG -- read once and referred to the Committee on Health -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- reported and referred to the Committee on Codes -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to information and access to breast reconstructive surgery

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. Section 2803-o of the public health law, as added by chap-
2 ter 20 of the laws of 1997, is amended to read as follows:
3 S 2803-o. Hospital care for mastectomy, lumpectomy, and lymph node
4 dissection patients. 1. When a general hospital provides mastectomy
5 surgery, lymph node dissection or a lumpectomy, inpatient care shall be
6 offered for a period as determined by the attending physician in consul-
7 tation with the patient to be medically appropriate.
8 2. EVERY GENERAL HOSPITAL THAT PROVIDES MASTECTOMY SURGERY, LYMPH NODE
9 DISSECTION OR A LUMPECTOMY SHALL PROVIDE INFORMATION TO THE PATIENT
10 CONCERNING THE OPTION OF RECONSTRUCTIVE SURGERY FOLLOWING SUCH PROCE-
11 DURES, INCLUDING THE AVAILABILITY OF COVERAGE FOR RECONSTRUCTIVE
12 SURGERY, IN ACCORDANCE WITH THE PROVISIONS OF SECTIONS THREE THOUSAND
13 TWO HUNDRED SIXTEEN, THREE THOUSAND TWO HUNDRED TWENTY-ONE AND FOUR
14 THOUSAND THREE HUNDRED THREE OF THE INSURANCE LAW AND APPLICABLE
15 PROVISIONS OF FEDERAL LAW. THE INFORMATION SHALL BE PROVIDED TO THE
16 PATIENT IN WRITING AND IN ADVANCE OF OBTAINING CONSENT TO THE SURGICAL
17 PROCEDURE. THE INFORMATION PROVIDED SHALL INCLUDE AT LEAST THE FOLLOW-
18 ING:
19 (A) A DESCRIPTION OF THE VARIOUS RECONSTRUCTIVE OPTIONS AND THE ADVAN-
20 TAGES AND DISADVANTAGES OF EACH;

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets
[] is old law to be omitted.

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1 (B) A DESCRIPTION OF THE PROVISIONS ASSURING COVERAGE BY PUBLIC AND
2 PRIVATE INSURANCE PLANS OF THE COSTS RELATED TO RECONSTRUCTIVE SURGERY
3 UNDER FEDERAL AND STATE LAW;

4 (C) A DESCRIPTION OF HOW A PATIENT MAY ACCESS RECONSTRUCTIVE CARE,
5 INCLUDING THE POTENTIAL OF TRANSFERRING CARE TO A FACILITY THAT PROVIDES
6 RECONSTRUCTIVE CARE OR CHOOSING TO PURSUE RECONSTRUCTION AFTER
7 COMPLETION OF BREAST CANCER SURGERY AND CHEMO/RADIOTHERAPY, IF
8 WARRANTED;

9 (D) SUCH OTHER INFORMATION AS MAY BE REQUIRED BY THE COMMISSIONER.

10 S 2. This act shall take effect January 1, 2011.