§ 2803-o. Hospital care for mastectomy, lumpectomy, and lymph node dissection patients. 1. When a general hospital provides mastectomy surgery, lymph node dissection or a lumpectomy, inpatient care shall be offered for a period as determined by the attending physician in consultation with the patient to be medically appropriate.

2. Every general hospital that provides mastectomy surgery, lymph node dissection or a lumpectomy shall provide information to the patient concerning the option of reconstructive surgery following such procedures, including both breast and chest wall reconstructive surgery and the availability of coverage for reconstructive surgery, in accordance with the provisions of sections three thousand two hundred sixteen, three thousand two hundred twenty-one and four thousand three hundred three of the insurance law and applicable provisions of federal law. The information shall be provided to the patient in writing and in advance of obtaining consent to the surgical procedure. The information provided shall include at least the following:

(a) a description of the various reconstructive options and the advantages and disadvantages of each. Such description shall include aesthetic flat closure as such term is defined by the National Cancer Institute;

(b) a description of the provisions assuring coverage by public and private insurance plans of the costs related to reconstructive surgery under federal and state law;

(c) a description of how a patient may access reconstructive care, including the potential of transferring care to a facility that provides reconstructive care or choosing to pursue reconstruction after completion of breast cancer surgery and chemo/radiotherapy, if warranted;

(d) such other information as may be required by the commissioner.