

SB 1137 -1 STAFF MEASURE SUMMARY

Senate Committee On Health Care

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Meeting Dates: 3/18, 4/8

WHAT THE MEASURE DOES:

The measure requires health benefit plans that cover implant-based breast reconstruction procedures to cover autologous breast reconstruction procedures with terms and conditions no less favorable than implant-based procedures.

Detailed Summary:

- Defines “accepted standard of care,” “autologous breast reconstruction procedure,” and “revision to autologous breast reconstruction procedure.”
- Requires health benefit plans that provide implant-based breast reconstruction procedures to cover autologous breast reconstruction procedures with the same utilization review requirements and out-of-pocket costs.
- Requires health benefit plans to satisfy network adequacy standards for coverage required by measure.
- Exempts coverage requirement from automatic sunset.
- Applies to health benefit plans issued, renewed, or extended on or after January 1, 2026.

FISCAL: May have fiscal impact, but no statement yet issued

REVENUE: May have revenue impact, but no statement yet issued

ISSUES DISCUSSED:

EFFECT OF AMENDMENT:

-1 Clarifies health benefit plans must provide all medically necessary inpatient and outpatient services for autologous breast reconstruction services. Directs health benefits plans to contract with out-of-network providers on a case-by-case basis to ensure members can access coverage without "unreasonable delay."

BACKGROUND:

The Women’s Health and Cancer Rights Act of 1998 ([WHCRA](#)) is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy. For people with group health plans and individual health insurance policies. The most common breast reconstruction procedure is implant-based reconstruction, in which either silicone or saline implants are used to complete the reconstruction. Autologous breast reconstruction procedures use tissue from another part of a patient’s body to complete the reconstruction.

Senate Bill 1137 requires a health benefit plan to cover implant-based and autologous breast reconstruction procedures in the same way, including parity in utilization review requirements and out-of-pocket costs.