March 14, 2024

House Committee on Health Care
Vermont State House
115 State Street
Montpelier, VT 05633-5301

Re: H.621, an Act Relating to Health Insurance Coverage for Diagnostic Breast Imaging

Chair Houghton and Committee Members:

I write on behalf of MVP Health Care ("MVP") concerning H.621, an Act Relating to Health Insurance Coverage for Diagnostic Breast Imaging. H.621 would require insurers to provide coverage without cost sharing (except under a high-deductible health plan) for mammography (including tomosynthesis), ultrasounds, and magnetic resonance imaging (MRI), "upon recommendation of a health care provider as needed to detect the presence of breast cancer and other abnormalities of the breast or breast tissue."

Medical Necessity and Preventive vs. Diagnostic Services
H.621 could effectively require coverage of medically unnecessary services. The subject of H.621 states that the bill would require health insurance plans to cover "diagnostic" breast imaging services without cost-sharing. However, Vermont law and H.621 do not distinguish between preventive and diagnostic breast imaging services. Thus, the legislation would effectively require coverage of any breast imaging service recommended by a health care provider, and without an MVP determination that the service is medically necessary. MVP only covers certain preventive breast imaging services to screen for breast cancer in women who are asymptomatic, and certain diagnostic breast imaging services for women who have symptoms of breast disease. MVP urges the Committee to reconsider the use of legislative language requiring any health insurance coverage "upon the recommendation of a physician," without making that coverage contingent "upon the insurer's determination that the service is medically necessary."

MVP Preventive Services Payment Policy
MVP provides the same breast cancer screening coverage in New York and Vermont, in accordance with New York State Insurance Law (§§3216, 3221, and 4303), which requires insurers to cover a single baseline mammogram for women aged 35-39, annual screening mammograms for women 40 years and older; and upon the recommendation of a physician, a mammogram at any age for persons who have a prior history of breast cancer or a first degree relative with a prior history of breast cancer. MVP also covers ultrasounds for patients whose screening mammograms are inconclusive or who have dense breast tissue in accordance with Vermont law (8 V.S.A. §4100a).

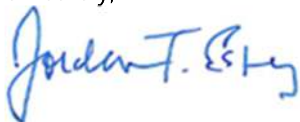
MVP Diagnostic Payment Policy
MVP provides separate coverage of certain diagnostic breast imaging services for women who have symptoms of breast disease; for example, breast MRI without cost sharing, provided MVP approves prior authorization.

Federal ACA Alignment
The federal Affordable Care Act (ACA) requires non-grandfathered group health plans and health insurance coverage offered in the individual or group market to cover, without cost-sharing, preventive services rated "A" or "B" by the USPSTF, as well as evidence-informed preventive care and screening recommended by the Health Resources and Services Administration (HRSA) Women's Preventive Services Initiative (WPSI), to the extent not already included in certain USPSTF recommendations. ACA-required women's preventive service benefits are informed and updated by the USPSTF and HRSA WPSI guidelines, and MVP urges the Committee to align breast cancer screening services coverage requirements with these guidelines.

Potential Costs to HDHP Members and the State
MVP is concerned that requiring coverage without cost sharing of any breast imaging service recommended by a health care provider could have unintended consequences vis-à-vis the ACA requirements. For example, if Vermont requires fully insured and small group commercial policies to cover all breast cancer screening services recommended by a health care provider, and the services happen to exceed the latest USPSTF and HRSA WPSI guidelines, this coverage mandate could result in high-deductible health plan (HDHP) members owing a cost share for the services. Moreover, the State of Vermont may be required to defray the costs of the additional coverage; specifically, the costs of any state-mandated benefits for non-grandfathered individuals and small group qualified health plans that exceed the federal Affordable Care Act's essential health benefits (in this case, preventive services benefits). In fact, New York State law applies certain preventive services coverage requirements to large group policies because of the possible costs to the state of imposing such requirements on individual and small group qualified health plans. For example, New York law only requires large group policies to provide an annual mammogram for women aged 35-39 upon the recommendation of a physician, subject to the insurer's determination that the mammogram is medically necessary.

Questions?
Thank you for the opportunity to provide comments on H.621. Please contact me with any questions.

Sincerely,



Jordan T. Estey
Senior Director, Government Affairs
MVP Health Care