

1 H.639  
2 Introduced by Representatives Dunn of Essex, Till of Jericho, Batchelor of  
3 Derby, Belaski of Windsor, Bock of Chester, Browning of  
4 Arlington, Brumsted of Shelburne, Buckholz of Hartford,  
5 Burke of Brattleboro, Chesnut-Tangerman of Middletown  
6 Springs, Christensen of Weathersfield, Christie of Hartford,  
7 Cina of Burlington, Connor of Fairfield, Copeland-Hanzas of  
8 Bradford, Donovan of Burlington, Fields of Bennington,  
9 Gannon of Wilmington, Gardner of Richmond, Gonzalez of  
10 Winooski, Head of South Burlington, Hooper of Randolph,  
11 Houghton of Essex, Howard of Rutland City, Jessup of  
12 Middlesex, Joseph of North Hero, Keenan of St. Albans City,  
13 LaLonde of South Burlington, Lanpher of Vergennes, Lucke of  
14 Hartford, Masland of Thetford, Morris of Bennington,  
15 Murphy of Fairfax, Nolan of Morristown, Noyes of Wolcott,  
16 Ode of Burlington, O’Sullivan of Burlington, Pajala of  
17 Londonderry, Partridge of Windham, Poirier of Barre City,  
18 Sheldon of Middlebury, Squirrell of Underhill, Stuart of  
19 Brattleboro, Sullivan of Burlington, Townsend of  
20 South Burlington, Troiano of Stannard, Walz of Barre City,  
21 Wood of Waterbury, Yacovone of Morristown, and Yantachka

1 of Charlotte

2 Referred to Committee on

3 Date:

4 Subject: Health; health insurance; mammography; cost-sharing

5 Statement of purpose of bill as introduced: This bill proposes to require health  
6 insurance plans to cover all breast imaging services without imposing cost-  
7 sharing requirements.

8 An act relating to ~~banning~~ *eliminating* cost-sharing for ~~all~~ *certain* breast  
9 imaging services

10 It is hereby enacted by the General Assembly of the State of Vermont:

11 ~~Sec. 1. 8 V.S.A. § 4100a is amended to read:~~

12 § 4100a. MAMMOGRAMS AND OTHER BREAST IMAGING SERVICES;

13 COVERAGE REQUIRED

14 (a) Insurers shall provide coverage for screening by mammography and for  
15 other breast imaging services upon recommendation of a health care provider  
16 as needed to detect the presence of occult breast cancer and other  
17 abnormalities of the breast or breast tissue, as provided by this subchapter.

18 Benefits provided shall cover the full cost of ~~the~~ mammography service and

19 other breast imaging services and shall not be subject to any co-payment

20 ~~deductible, coinsurance, or other cost-sharing requirement or additional~~

1 charge

2 (b) ~~For females 40 years or older, coverage shall be provided for an annual~~  
3 ~~screening. For females less than 40 years of age, coverage for screening shall~~  
4 ~~be provided upon recommendation of a health care provider. [Repealed.]~~

5 (c) ~~After January 1, 1994, this~~ This section shall apply only to screening  
6 procedures conducted by test facilities accredited by the American College of  
7 Radiologists.

8 (d) As used in this subchapter:

9 (1) "Insurer" means any insurance company ~~which~~ that provides health  
10 insurance as defined in subdivision 3301(a)(2) of this title, nonprofit hospital  
11 and medical service corporations, and health maintenance organizations. The  
12 term does not apply to coverage for specified ~~disease~~ diseases or other limited  
13 benefit coverage.

14 (2) "Mammography" means the x-ray examination of the breast using  
15 equipment dedicated specifically for mammography, including the x-ray tube,  
16 filter, compression device, screens, films, and cassettes.

17 (3) "Other breast imaging services" includes diagnostic mammography,  
18 ultrasound, magnetic resonance imaging, and other imaging services and  
19 technologies that enable health care providers to detect the presence or absence  
20 of breast cancer and other abnormalities affecting the breast or breast tissue.

21 ~~(4) "Screening" includes the mammography test procedure and a~~

1 ~~qualified physician's interpretation of the results of the procedure, including~~  
2 additional views and interpretation as needed.

3 Sec. 2. EFFECTIVE DATE

4 This act shall take effect on October 1, 2018 and shall apply to all health  
5 insurance plans issued on and after October 1, 2018 on such date as a health  
6 insurer offers, issues, or renews the health insurance plan, but in no event later  
7 than October 1, 2019.

~~Sec. 1. 8 V.S.A. § 4100a is amended to read:~~

~~§ 4100a. MAMMOGRAMS AND OTHER BREAST IMAGING SERVICES;~~

~~COVERAGE REQUIRED~~

~~(a) Insurers shall provide coverage for screening by mammography and for  
medically necessary diagnostic mammography for, ultrasound, and magnetic  
resonance imaging to detect the presence of occult breast cancer, as provided  
by this subchapter and other abnormalities of the breast or breast tissue.  
Benefits provided shall cover the full cost of the mammography service  
ultrasound, and magnetic resonance imaging services and shall not be subject  
to any co-payment, deductible, coinsurance, or other cost-sharing requirement  
or additional charge, except to the extent that such coverage would disqualify  
a high-deductible health plan from eligibility for a health savings account  
pursuant to 26 U.S.C. § 223.~~

~~(b) For females 40 years of older, coverage shall be provided for an annual~~

~~screening. For females less than 40 years of age, coverage for screening shall be provided upon recommendation of a health care provider. [Repealed.]~~

~~(c) After January 1, 1994, this This section shall apply only to screening procedures conducted by test facilities accredited by the American College of Radiologists.~~

~~(d) As used in this subchapter:~~

~~(1) "Insurer" means any insurance company ~~which~~ that provides health insurance as defined in subdivision 3301(a)(2) of this title, nonprofit hospital and medical service corporations, and health maintenance organizations. The term does not apply to coverage for specified ~~disease~~ diseases or other limited benefit coverage.~~

~~(2) "Mammography" means the x-ray examination of the breast using equipment dedicated specifically for mammography, including the x-ray tube, filter, compression device, screens, films, and cassettes. The term includes breast tomosynthesis.~~

~~(3) "Screening" includes the mammography test procedure and a qualified physician's interpretation of the results of the procedure, including additional views and interpretation as needed.~~

## *Sec. 2. EFFECTIVE DATE*

~~This act shall take effect on January 1, 2019 and shall apply to all health insurance plans issued on and after January 1, 2019 on such date as a health~~

~~insurer offers, issues, or renews the health insurance plan, but in no event later than January 1, 2020.~~

*Sec. 1. 8 V.S.A. § 4100a is amended to read:*

*§ 4100a. MAMMOGRAMS; COVERAGE REQUIRED*

*(a) Insurers shall provide coverage for screening by mammography for the presence of occult breast cancer, as provided by this subchapter. In addition, insurers shall provide coverage for screening by ultrasound for a patient for whom the results of a screening mammogram were inconclusive or who has dense breast tissue, or both. Benefits provided shall cover the full cost of the mammography service or ultrasound, as applicable, and shall not be subject to any co-payment, deductible, coinsurance, or other cost-sharing requirement or additional charge.*

*(b) ~~For females 40 years or older, coverage shall be provided for an annual screening. For females less than 40 years of age, coverage for screening shall be provided upon recommendation of a health care provider. [Repealed.]~~*

*(c) ~~After January 1, 1994, this~~ This section shall apply only to screening procedures conducted by test facilities accredited by the American College of Radiologists.*

*(d) As used in this subchapter:*

*(1) "Insurer" means any insurance company ~~which~~ that provides health insurance as defined in subdivision 3301(a)(2) of this title, nonprofit hospital*

*and medical service corporations, and health maintenance organizations. The term does not apply to coverage for specified ~~disease~~ diseases or other limited benefit coverage.*

*(2) “Mammography” means the x-ray examination of the breast using equipment dedicated specifically for mammography, including the x-ray tube, filter, compression device, ~~screens, films, and cassettes~~ and digital detector. The term includes breast tomosynthesis.*

*(3) “Screening” includes the mammography or ultrasound test procedure and a qualified physician’s interpretation of the results of the procedure, including additional views and interpretation as needed.*

*Sec. 2. MAMMOGRAPHY COVERAGE; DEPARTMENT OF FINANCIAL  
REGULATION*

*On or before October 1, 2018, the Department of Financial Regulation shall issue a bulletin to provide clarification to health insurers regarding the coding structure for screening mammograms and ultrasounds and for call-back screenings, including clarifying that call-back mammograms and ultrasounds for patients for whom the results of a screening mammogram were inconclusive or who have dense breast tissue, or both, shall be covered without cost-sharing.*

*Sec. 3. EFFECTIVE DATE*

*(a) Sec. 1 (8 V.S.A. § 4100a) shall take effect on January 1, 2019 and shall*

apply to all health insurance plans issued on and after January 1, 2019 on such date as a health insurer offers, issues, or renews the health insurance plan, but in no event later than January 1, 2020.

(b) Sec. 2 (mammography coverage; Department of Financial Regulation) and this section shall take effect on passage.