

H.639

An act relating to eliminating cost-sharing for certain breast imaging services

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

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 [Repealed.]~~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.