BILL AS PASSED BY THE HOUSE 2018

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

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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 cost-sharing for all breast imaging services
9	It is hereby enacted by the General Assembly of the State of Vermont:
10	Sec. 1. 8 V S A § 4100a is amended to read:
11	§ 4100a, MAMMOGRAMS AND OTHER BREAST IMAGING SERVICES;
12	COVERAGE REQUIRED
13	(a) Insurers shall provide coverage for screening by mammography and for
14	other breast imaging services upon recommendation of a health care provider
15	as needed to detect the presence of occult breast cancer and other
16	abnormalities of the breast or breast tissue, as provided by this subchapter.
17	Benefits provided shall cover the full cost of the mammography service and
18	other breast imaging services and shall not be subject to any co-payment
19	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) <u>"Other breast imaging services" includes diagnostic mammography</u> ,
18	ultrasound, magnetic resonance imaging, and other imaging service, and
19	technologies that enable health care providers to detect the presence or obsence
20	of breast cancer and other abnormalities affecting the breast or breast tissue
21	(4) "Screening" includes the maninography 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 <u>This act shall take effect on October 1 2018 and shall apply to all health</u>
5 <u>insurance plans issued on and after October 1, 2018 on such date as a health</u>
6 <u>insurer offers, issues, or renews the health insurance plan, but in no event later</u>
7 <u>than October 1, 2012.</u>

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 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 <u>This</u> 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. <u>The term includes</u> 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

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insurer offers, issues, or renews the health insurance plan, but in no event later

than January 1, 2020.