

PROPOSED STRIKE ALL AMENDMENT

H.639

An act relating to banning cost-sharing for all 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 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.~~

(a) Screening services for breast cancer or other abnormalities of the breast or breast tissue performed under contract with an insurer shall not be subject to any co-payment, deductible, coinsurance, or other cost-sharing requirement 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. In addition, an insured shall

not be subject to any additional charge for any service associated with a procedure or test to detect breast cancer or other abnormalities of the breast or breast tissue. Screening and associated services may include one or more of the following:

- (1) Screening mammography;**
- (2) Diagnostic mammography; and**
- (3) Ultrasound screening for dense breast tissue based on the Breast Imaging Reporting and Data System established by the American College of Radiology, and**

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

(c) 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) **“Screening 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. an x-ray examination of the**

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breast of an asymptomatic person, and includes a qualified physician's interpretation of the results of the procedure. The term includes breast tomosynthesis.

(3) "Diagnostic mammography" means an x-ray examination of the breast of a person with signs or symptoms of breast disease, a possible abnormality detected on screening mammography or other imaging, or who has prior mammography findings requiring imaging follow-up, and includes a qualified physician's interpretation of the results of the procedure.

~~(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.

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