

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.

(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 [Repealed.]~~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. 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.