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HOUSE BILL NO. 579

Offered January 8, 2020

Prefiled January 6, 2020

A BILL to amend and reenact § 38.2-3418.1 of the Code of Virginia, relating to health insurance; coverage for mammograms.

Patrons—Guzman, Coyner, Delaney, Hope, Levine, Mugler, Rasoul and Samirah; Senator: Morrissey

Referred to Committee on Labor and Commerce

Be it enacted by the General Assembly of Virginia:

1. That § 38.2-3418.1 of the Code of Virginia is amended and reenacted as follows:

§ 38.2-3418.1. Coverage for mammograms.

A. Notwithstanding the provisions of § 38.2-3419, each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical or major medical coverage on an expense incurred basis, each corporation providing individual or group accident and sickness subscription contracts, and each health maintenance organization providing a health care plan for health care services shall provide, *subject to such dollar limits, deductibles, and coinsurance factors as are no less favorable than for physical illness generally*, coverage under such policy, contract, or plan delivered, issued for delivery, or renewed in ~~this the Commonwealth on and after:~~

1. From July 1, 1996, until January 1, 2021, for low-dose screening mammograms for ~~determining the presence of occult breast cancer covered individuals~~. Such coverage shall make available one screening such mammogram to ~~persons covered individuals~~ age ~~thirty-five~~ 35 through ~~thirty-nine~~ 39, one such mammogram biennially to ~~persons covered individuals~~ age ~~forty~~ 40 through ~~forty-nine~~ 49, and one such mammogram annually to ~~persons covered individuals~~ age ~~fifty~~ 50 and over and may be limited to a benefit of ~~fifty dollars~~ \$50 per mammogram ~~subject to such dollar limits, deductibles, and coinsurance factors as are no less favorable than for physical illness generally; and~~

2. On and after January 1, 2021, for low-dose screening mammograms for covered individuals as follows:

a. If a covered individual does not have a family history of breast cancer:

(1) One low-dose screening mammogram to covered individuals age 35 through 39;

(2) One low-dose screening mammogram biennially to covered individuals age 40 through 49; and

(3) One low-dose screening mammogram annually to covered individuals age 50 and over; or

b. If a covered individual has a family history of breast cancer:

(1) One low-dose screening mammogram annually to any covered individual age 30 through age 49; however, such coverage shall commence at an age earlier than 30 if the covered individual's mother was first diagnosed with breast cancer at an age earlier than 40, in which event such coverage shall be provided for a covered individual beginning during the year in which the covered individual attains the age that is 10 years younger than the age of the covered individual's mother at the time she was first diagnosed with breast cancer; and

(2) Two low-dose screening mammograms annually to any covered individual age 50 or older.

B. As used in this section:

"Family history of breast cancer" exists with respect to an individual if one or more of the individual's first-degree blood relatives have, or have had, breast cancer.

"Low-dose screening mammography" means a mammogram with an average radiation exposure delivery of less than one rad per breast for two views of each breast.

The term "~~mammogram~~" shall mean "~~Mammogram~~" means an X-ray examination of the breast, used in determining the presence of breast cancer, using equipment dedicated specifically for mammography, including but not limited to the X-ray tube, filter, compression device, screens, film and cassettes; ~~with an average radiation exposure of less than one rad mid-breast, two views of each breast.~~

B. C. In order to be considered a screening mammogram for which coverage shall be made available or provided under this section:

1. The mammogram must be (i) ordered by a health care practitioner acting within the scope of his licensure and, in the case of an enrollee of a health maintenance organization, by the health maintenance organization physician, (ii) performed by a registered technologist, (iii) interpreted by a qualified radiologist, and (iv) performed under the direction of a person licensed to practice medicine and surgery and certified by the American Board of Radiology or an equivalent examining body ~~and (v) a copy of the mammogram report must be sent or delivered to the health care practitioner who ordered it;~~

2. A copy of the mammogram report must be sent or delivered to the health care practitioner who

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59 *ordered it;*

60 3. The equipment used to perform the mammogram shall meet the standards set forth by the Virginia
61 Department of Health in its radiation protection regulations; and

62 ~~3- 4.~~ The mammography film shall be retained by the radiologic facility performing the examination
63 in accordance with the American College of Radiology guidelines or state law.

64 ~~C. D.~~ The provisions of this section shall not apply to short-term travel, accident only, limited or
65 specified disease policies, or to short-term nonrenewable policies of not more than six months' duration.