

SSB 5396 - H COMM AMD

By Committee on Health Care & Wellness

NOT ADOPTED 04/07/2023

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** (1) In 1989 the legislature enacted
4 Substitute House Bill No. 1074 requiring disability insurers, group
5 disability insurers, health care service contractors, health
6 maintenance organizations, and plans offered to public employees that
7 provide benefits for hospital or medical care to provide benefits for
8 screening and diagnostic mammography services.

9 (2) In 2010 the United States congress enacted the patient
10 protection and affordable care act, which required coverage of
11 certain preventative care services including screening mammograms
12 with no cost sharing.

13 (3) In 2013 the Washington state office of the insurance
14 commissioner adopted rules establishing the essential health benefits
15 benchmark plan, which listed diagnostic and screening mammogram
16 services as state benefit requirements under preventative and
17 wellness services.

18 (4) In 2018 the legislature enacted Senate Bill No. 5912 which
19 directed the office of the insurance commissioner to clarify that the
20 existing mandates for mammography included coverage for
21 tomosynthesis, also known as three-dimensional mammography, under the
22 same terms and conditions allowed for mammography.

23 (5) The legislature intends to establish that the requirements
24 for coverage of mammography services predated the affordable care act
25 and are already included in the state's essential health benefits
26 benchmark plan. Furthermore, the legislature intends to prohibit cost
27 sharing for certain types of breast examinations.

28 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43
29 RCW to read as follows:

1 (1) Except as provided in subsection (2) of this section, for
2 nongrandfathered health plans issued or renewed on or after January
3 1, 2024, that include coverage of supplemental breast examinations
4 and diagnostic breast examinations, health carriers may not impose
5 cost sharing for such examinations.

6 (2) For a health plan that provides coverage of supplemental
7 breast examinations and diagnostic breast examinations and is offered
8 as a qualifying health plan for a health savings account, the health
9 carrier shall establish the plan's cost sharing for the coverage of
10 the services described in this section at the minimum level necessary
11 to preserve the enrollee's ability to claim tax exempt contributions
12 from their health savings account under internal revenue service laws
13 and regulations.

14 (3) For purposes of this section:

15 (a) "Diagnostic breast examination" means a medically necessary
16 and appropriate examination of the breast, including an examination
17 using diagnostic mammography, digital breast tomosynthesis, also
18 called three dimensional mammography, breast magnetic resonance
19 imaging, or breast ultrasound, that is used to evaluate an
20 abnormality:

21 (i) Seen or suspected from a screening examination for breast
22 cancer; or

23 (ii) Detected by another means of examination.

24 (b) "Supplemental breast examination" means a medically necessary
25 and appropriate examination of the breast, including an examination
26 using breast magnetic resonance imaging or breast ultrasound, that
27 is: (i) Used to screen for breast cancer when there is no abnormality
28 seen or suspected; and

29 (ii) Based on personal or family medical history, or additional
30 factors that may increase the individual's risk of breast cancer.

31 **Sec. 3.** RCW 48.20.393 and 1994 sp.s. c 9 s 728 are each amended
32 to read as follows:

33 Each disability insurance policy issued or renewed after January
34 1, 1990, that provides coverage for hospital or medical expenses
35 shall provide coverage for screening or diagnostic mammography
36 services, provided that such services are delivered upon the
37 recommendation of the patient's physician or advanced registered
38 nurse practitioner as authorized by the nursing care quality

1 assurance commission pursuant to chapter 18.79 RCW or physician
2 assistant pursuant to chapter 18.71A RCW.

3 This section shall not be construed to prevent the application of
4 standard policy provisions, other than the cost-sharing prohibition
5 provided in section 1 of this act, that are applicable to other
6 benefits (~~((such as deductible or copayment provisions))~~). This section
7 does not limit the authority of an insurer to negotiate rates and
8 contract with specific providers for the delivery of mammography
9 services. This section shall not apply to medicare supplement
10 policies or supplemental contracts covering a specified disease or
11 other limited benefits.

12 **Sec. 4.** RCW 48.21.225 and 1994 sp.s. c 9 s 731 are each amended
13 to read as follows:

14 Each group disability insurance policy issued or renewed after
15 January 1, 1990, that provides coverage for hospital or medical
16 expenses shall provide coverage for screening or diagnostic
17 mammography services, provided that such services are delivered upon
18 the recommendation of the patient's physician or advanced registered
19 nurse practitioner as authorized by the nursing care quality
20 assurance commission pursuant to chapter 18.79 RCW or physician
21 assistant pursuant to chapter 18.71A RCW.

22 This section shall not be construed to prevent the application of
23 standard policy provisions, other than the cost-sharing prohibition
24 provided in section 1 of this act, that are applicable to other
25 benefits (~~((such as deductible or copayment provisions))~~). This section
26 does not limit the authority of an insurer to negotiate rates and
27 contract with specific providers for the delivery of mammography
28 services. This section shall not apply to medicare supplement
29 policies or supplemental contracts covering a specified disease or
30 other limited benefits.

31 **Sec. 5.** RCW 48.44.325 and 1994 sp.s. c 9 s 734 are each amended
32 to read as follows:

33 Each health care service contract issued or renewed after January
34 1, 1990, that provides benefits for hospital or medical care shall
35 provide benefits for screening or diagnostic mammography services,
36 provided that such services are delivered upon the recommendation of
37 the patient's physician or advanced registered nurse practitioner as
38 authorized by the nursing care quality assurance commission pursuant

1 to chapter 18.79 RCW or physician assistant pursuant to chapter
2 18.71A RCW.

3 This section shall not be construed to prevent the application of
4 standard contract provisions, other than the cost-sharing prohibition
5 provided in section 1 of this act, that are applicable to other
6 benefits (~~((such as deductible or copayment provisions))~~). This section
7 does not limit the authority of a contractor to negotiate rates and
8 contract with specific providers for the delivery of mammography
9 services. This section shall not apply to medicare supplement
10 policies or supplemental contracts covering a specified disease or
11 other limited benefits.

12 **Sec. 6.** RCW 48.46.275 and 1994 sp.s. c 9 s 735 are each amended
13 to read as follows:

14 Each health maintenance agreement issued or renewed after January
15 1, 1990, that provides benefits for hospital or medical care shall
16 provide benefits for screening or diagnostic mammography services,
17 provided that such services are delivered upon the recommendation of
18 the patient's physician or advanced registered nurse practitioner as
19 authorized by the nursing care quality assurance commission pursuant
20 to chapter 18.79 RCW or physician assistant pursuant to chapter
21 18.71A RCW.

22 All services must be provided by the health maintenance
23 organization or rendered upon referral by the health maintenance
24 organization. This section shall not be construed to prevent the
25 application of standard agreement provisions, other than the cost-
26 sharing prohibition provided in section 1 of this act, that are
27 applicable to other benefits (~~((such as deductible or copayment~~
28 ~~provisions))~~). This section does not limit the authority of a health
29 maintenance organization to negotiate rates and contract with
30 specific providers for the delivery of mammography services. This
31 section shall not apply to medicare supplement policies or
32 supplemental contracts covering a specified disease or other limited
33 benefits."

34 Correct the title.

EFFECT: Removes digital breast tomosynthesis from the definition
of a supplemental breast examination.

Modifies the provisions that provide the existing mammography
coverage requirements may not be construed to prevent the application

of standard agreement provisions, by restoring the underlying language except for the references to deductible or copayment provisions.

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