
Health Care & Wellness Committee

SSB 5396

Brief Description: Concerning cost sharing for diagnostic and supplemental breast examinations.

Sponsors: Senate Committee on Health & Long Term Care (originally sponsored by Senators Wilson, L., Boehnke, Frame, Hunt, Kauffman, Kuderer, Rivers, Rolfes, Shewmake, Valdez and Warnick).

<p>Brief Summary of Substitute Bill</p> <ul style="list-style-type: none">• Prohibits health carriers that provide coverage for supplemental and diagnostic breast examinations from imposing cost sharing on the examinations.
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Hearing Date: 3/10/23

Staff: Kim Weidenaar (786-7120).

Background:

Mammograms are screening tests used for early breast cancer detection and for breast evaluation. State law requires that all disability, group disability, health maintenance organizations, and health service contractor (collectively known as health carriers) plans provide coverage for screening or diagnostic mammography services upon the recommendation of the patient's physician or advanced registered nurse practitioner. These provisions provide that the coverage requirements may not be construed to prevent deductible or copayment provisions.

Under the Affordable Care Act, health benefit plans must provide, at a minimum, coverage with no cost sharing, for preventive or wellness services that have a rating of A or B in the current recommendations of the United States Preventive Services Task Force (USPSTF). The USPSTF

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currently recommends, at a B grade, biennial screening mammography for women aged 50 to 74 years.

Summary of Bill:

For nongrandfathered health plans issued or renewed on or after January 1, 2024, that include coverage of supplemental and diagnostic breast examinations, health carriers may not impose cost sharing on these examinations. For health plans that are offered as a qualifying health plan for a health savings account, the health carrier must establish the plan's cost sharing for coverage of these examinations at the minimum level necessary to preserve the enrollee's ability to claim tax exempt contributions from their health savings account under federal laws and regulations. The provisions related to preventing deductible and copayment provisions are removed from the requirements to provide coverage for screening and diagnostic mammography services.

A "diagnostic breast examination" is a medically necessary and appropriate examination of the breast, including an examination using diagnostic mammography, digital breast tomosynthesis, also called three dimensional mammography, breast magnetic resonance imaging, or breast ultrasound, that is used to evaluate an abnormality that is seen or suspected from a screening examination or detected by another means. A "supplemental breast examination" is a medically necessary and appropriate examination of the breast, including an examination using digital breast tomosynthesis, also called three dimensional mammography, breast magnetic resonance imaging or breast ultrasound, that is used to screen for breast cancer when there is no abnormality seen or suspected and based on personal or family medical history or additional risk factors.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.