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**SENATE BILL 5396**

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**State of Washington**

**68th Legislature**

**2023 Regular Session**

**By** Senators L. Wilson, Boehnke, Frame, Hunt, Kauffman, Kuderer, Rivers, Rolfes, Shewmake, Valdez, and Warnick

Read first time 01/16/23. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to cost sharing for diagnostic and supplemental  
2 breast examinations; adding a new section to chapter 48.43 RCW; and  
3 creating a new section.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

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

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

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

20 (4) In 2018 the legislature enacted Senate Bill No. 5912 which  
21 directed the office of the insurance commissioner to clarify that the

1 existing mandates for mammography included coverage for  
2 tomosynthesis, also known as three-dimensional mammography, under the  
3 same terms and conditions allowed for mammography.

4 (5) The legislature intends to establish that the requirements  
5 for coverage of mammography services predated the affordable care act  
6 and are already included in the state's benchmark plan. Furthermore,  
7 the legislature intends to prohibit cost sharing for certain types of  
8 mammograms.

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

11 (1) Except as provided in subsection (2) of this section, for  
12 nongrandfathered health plans issued or renewed on or after January  
13 1, 2024, that include coverage of supplemental breast examinations  
14 and diagnostic breast examinations, health carriers may not impose  
15 cost sharing for such examinations.

16 (2) For a health plan that provides coverage of supplemental  
17 breast examinations and diagnostic breast examinations and is offered  
18 as a qualifying health plan for a health savings account, the health  
19 carrier shall establish the plan's cost sharing for the coverage of  
20 the services described in this section at the minimum level necessary  
21 to preserve the enrollee's ability to claim tax exempt contributions  
22 from their health savings account under internal revenue service laws  
23 and regulations.

24 (3) For purposes of this section:

25 (a) "Diagnostic breast examination" means a medically necessary  
26 and appropriate examination of the breast, including an examination  
27 using diagnostic mammography, breast magnetic resonance imaging, or  
28 breast ultrasound, that is used to evaluate an abnormality:

29 (i) Seen or suspected from a screening examination for breast  
30 cancer; or

31 (ii) Detected by another means of examination.

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

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

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