SECOND REGULAR SESSION

SENATE BILL NO. 841

100TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR ARTHUR.

Read 1st time January 9, 2020, and ordered printed.

ADRIANE D. CROUSE, Secretary.

4555S.04I

AN ACT

To repeal section 376.782, RSMo, and to enact in lieu thereof one new section relating to insurance coverage for breast cancer.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Section 376.782, RSMo, is repealed and one new section 2 enacted in lieu thereof, to be known as section 376.782, to read as follows:

376.782. 1. As used in this section, the term "low-dose mammography screening" means the X-ray examination of the breast using equipment $\mathbf{2}$ 3 specifically designed and dedicated for mammography, including the X-ray tube, filter, compression device, detector, films, and cassettes, with an average 4 radiation exposure delivery of less than one rad mid-breast, with two views for 5each breast, and any fee charged by a radiologist or other physician for reading, 6 interpreting or diagnosing based on such X-ray. As used in this section, the term 7 8 "low-dose mammography screening" shall also include digital mammography and 9 breast tomosynthesis. As used in this section, the term "breast tomosynthesis" 10 shall mean a radiologic procedure that involves the acquisition of projection 11 images over the stationary breast to produce cross-sectional digital three-dimensional images of the breast. 12

2. All individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed on or after August 28, 1991, and providing coverage to any 20 resident of this state shall provide benefits or coverage for low-dose 21 mammography screening for any nonsymptomatic woman covered under such 22 policy or contract which meets the minimum requirements of this section. Such 23 benefits or coverage shall include at least the following:

(1) A baseline mammogram for women age thirty-five to thirty-nine,inclusive;

26 (2) A mammogram every year for women age forty and over;

(3) A mammogram every year for any woman[, upon the
recommendation of a physician, where such woman, her mother or her sister has
a prior history of breast cancer] deemed by a treating physician to have an
above-average risk for breast cancer in accordance with the American
College of Radiology guidelines for breast cancer screening;

(4) Any additional or supplemental imaging, such as breast
magnetic resonance imaging or ultrasound, deemed medically
necessary by a treating physician for proper breast cancer screening
or evaluation in accordance with applicable American College of
Radiology guidelines; and

(5) Ultrasound or magnetic resonance imaging services, if determined by a treating physician to be medically necessary for the screening or evaluation of breast cancer for any woman deemed by the treating physician to have an above-average risk for breast cancer in accordance with American College of Radiology guidelines for breast cancer screening.

3. Coverage and benefits [related to mammography as] required [by] under this section shall be at least as favorable and subject to the same dollar limits, deductibles, and co-payments as other radiological examinations; provided, however, that on and after January 1, 2019, providers of [low-dose mammography screening] health care services specified under this section shall be reimbursed at rates accurately reflecting the resource costs specific to each modality, including any increased resource cost [of breast tomosynthesis].

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