Stricken language would be deleted from and underlined language would be added to present law.

Act 708 of the Regular Session

State of Arkansas  
91st General Assembly
Regular Session, 2017

By: Representative Leding

For An Act To Be Entitled

AN ACT CONCERNING MAMMOGRAMS UNDER AN INSURANCE POLICY; TO DEFINE "BREAST ULTRASOUND"; AND FOR OTHER PURPOSES.

Subtitle

CONCERNING MAMMOGRAMS UNDER AN INSURANCE POLICY; AND TO DEFINE "BREAST ULTRASOUND".

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. The catchline for Arkansas Code § 23-79-140 is amended to read as follows:


SECTION 2. Arkansas Code § 23-79-140(a), concerning the definition of "mammography", is amended to read as follows:

(a)(1) As used in this section:

(1) "Breast ultrasound" means an imaging technique that uses harmless, high-frequency sound waves to produce detailed images of the breast in order to screen for and diagnose breast disease, such as cancer;

(2) “Diagnostic mammography” means a problem-solving radiologic procedure of higher intensity than screening mammography provided to women who are suspected to have breast pathology usually characterized by the following medical events:

(A) Patients are usually referred for analysis of palpable abnormalities or for further evaluation of mammographically detected
abnormalities;

(B) All images are reviewed by the physician interpreting the study, and additional views are obtained as needed; and

(C) A physical examination of the breast by the interpreting physician to correlate the radiologic findings is performed as part of the study when indicated;

(3) "Mammography" means radiography of the breast; and

(2)(4)(A) "Screening mammography", including digital breast tomosynthesis, is means a radiologic procedure provided to a woman, who has no signs or symptoms of breast cancer, for the purpose of early detection of breast cancer.

(B) The procedure entails at least two (2) views of each breast and includes a physician's interpretation of the results of the procedure.

(3) "Diagnostic mammography" is a problem-solving radiologic procedure of higher intensity than screening mammography provided to women who are suspected to have breast pathology. Patients are usually referred for analysis of palpable abnormalities or for further evaluation of mammographically detected abnormalities. All images are immediately reviewed by the physician interpreting the study, and additional views are obtained as needed. A physical examination of the breast by the interpreting physician to correlate the radiologic findings is often performed as part of the study.

SECTION 3. Arkansas Code § 23-79-140(b), concerning mammograms, is amended to read as follows:

(b) Every accident and health insurance company, hospital service corporation, health maintenance organization, or other accident and health insurance provider in the State of Arkansas shall offer, after January 1, 1990, to each master group contract holder as an optional essential health benefit, coverage for at least the following mammogram screening mammography and breast ultrasound for the diagnosis of breast disease such as cancer and the evaluation of dense breast including of occult breast cancer:

(1) A baseline mammogram for a woman covered by such a policy who is thirty-five to forty (35-40) years of age;

(2) A mammogram for a woman covered by such a policy who is forty to forty-nine (40-49) (40) years of age, inclusive, every one to two
(1-2) or older every year; years based on the recommendation of the woman’s physician.

(3) A mammogram each year for a woman covered by such a policy who is at least fifty (50) years of age;

(4)(3) Upon recommendation of a woman’s physician, without regard to age, when the woman has had a prior history of breast cancer, or when the woman’s mother or sister has had a history of breast cancer, positive genetic testing, or other risk factors; and

(5)(4) A comprehensive ultrasound screening of an entire breast or breasts if a mammogram screening demonstrates heterogeneously dense or extremely dense breast tissue when the woman’s primary healthcare provider or radiologist determines a comprehensive ultrasound screening is medically necessary; and

(5) Insurance coverage for screening mammograms, including digital breast tomosynthesis, and breast ultrasounds shall not prejudice coverage for diagnostic mammograms or breast ultrasounds as recommended by the woman's physician.

SECTION 4. Arkansas Code § 23-79-140(c), concerning payment for screening mammograms, is repealed.

(c)(1) The insurers shall pay not less than fifty dollars ($50.00) for each screening mammogram, which shall include payment for both the professional and technical components.

(2) In case of hospital outpatient screening mammography, and comparable situations, when there is a claim for professional services separate from the claim for technical services, the claim for the professional component will not be less than forty percent (40%) of the total fee.

SECTION 5. Arkansas Code § 23-79-140, concerning mammograms, is amended to add an additional subsection to read as follows:

(f)(1) Benefits under this section are subject to any policy provisions that apply to other services covered by the policy, except that an insurance policy shall not impose a copayment or deductible for a screening mammogram.

(2) A breast ultrasound may be subject to any applicable
copayment as required under a health benefit plan but shall not be subject to
a deductible.

/s/Leding

APPROVED: 03/27/2017