Stricken language would be deleted from and underlined language would be added to present law. Act 553 of the Regular Session

1	State of Arkansas As Engrossed: \$2/24/21 H3/8/21
2	93rd General Assembly A Bill
3	Regular Session, 2021 SENATE BILL 290
4	
5	By: Senators G. Leding, Bledsoe, L. Eads, J. Hendren, K. Ingram, B. Davis, Elliott, Irvin, Teague, J.
6	Dismang, T. Garner, D. Wallace
7	By: Representatives Vaught, D. Ferguson, Jett, Boyd, Maddox, Murdock, F. Allen, Barker, S. Berry,
8	Cavenaugh, Cloud, Eaves, Evans, Haak, Gazaway, Gonzales, M. Gray, McCullough, Richardson, Scott,
9	Slape, Warren
10	
11	For An Act To Be Entitled
12	AN ACT CONCERNING COVERAGE OF DIAGNOSTIC EXAMINATIONS
13	FOR BREAST CANCER UNDER CERTAIN HEALTH BENEFIT PLANS;
14	AND FOR OTHER PURPOSES.
15	
16	
17	Subtitle
18	CONCERNING COVERAGE OF DIAGNOSTIC
19	EXAMINATIONS FOR BREAST CANCER UNDER
20	CERTAIN HEALTH BENEFIT PLANS.
21	
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23	BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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25	SECTION 1. Arkansas Code § 23-79-140 is amended to read as follows:
26 27	23-79-140. Mammograms — Breast ultrasounds — Definitions.
2 <i>1</i> 28	(a) As used in this section:(1) "Breast magnetic resonance imaging" means a diagnostic tool
20 29	(1) "Breast magnetic resonance imaging" means a diagnostic tool that uses a powerful magnetic field, radio waves, and a computer to produce
30	detailed pictures of the structures within the breast;
31	(2) "Breast ultrasound" means an a noninvasive, diagnostic
32	imaging technique that uses harmless, high-frequency sound waves to produce
33	detailed images of the breast in order to screen for and diagnose breast
34	disease, such as cancer;
35	(2)(3) "Cost-sharing requirement" means a deductible,
36	coinsurance, copayment, and any maximum limitation on the application of a

1	$\underline{\text{deductible, coinsurance, copayment, or similar out-of-pocket expense under } \underline{a}$
2	health benefit plan;
3	(4) "Diagnostic examination for breast cancer" means a medically
4	necessary and appropriate examination, as determined by a clinician who is
5	evaluating the individual for breast cancer, to evaluate the abnormality in
6	the breast that is:
7	(A) Seen or suspected from a screening examination for
8	breast cancer;
9	(B) Detected by another means of examination; or
10	(C) Suspected based on the medical history or family
11	medical history of the individual;
12	(5) "Diagnostic mammography" means a problem-solving radiologic
13	procedure of higher intensity than screening mammography provided to women
14	who are suspected to have breast pathology, usually characterized by the
15	following medical events diagnostic tool that:
16	(A) Patients are usually referred for analysis of palpable
17	abnormalities or for further evaluation of mammographically detected
18	abnormalities <u>Uses X-ray</u> ; and
19	(B) All images are reviewed by the physician interpreting
20	the study, and additional views are obtained as needed <u>Is designed to</u>
21	evaluate an abnormality in a breast; and
22	(C) A physical examination of the breast by the
23	interpreting physician to correlate the radiologic findings is performed as
24	part of the study when indicated;
25	(6) "Examination for breast cancer" means an examination used to
26	evaluate an abnormality in a breast using diagnostic mammography, breast
27	magnetic resonance imaging, or breast ultrasound;
28	(7)(A) "Health benefit plan" means an individual, blanket, or
29	any group plan, policy, or contract for healthcare services issued, renewed,
30	or extended in this state by a healthcare insurer, health maintenance
31	organization, hospital medical service corporation, or self-insured
32	governmental or church plan in this state.
33	(B) "Health benefit plan" includes:
34	(i) Indemnity and managed care plans; and
35	(ii) Plans providing health benefits to state and
36	public school employees under § 21-5-401 et seq.

1	(C) "Health benefit plan" does not include:
2	(i) A plan that provides only dental benefits or eye
3	and vision care benefits;
4	(ii) A disability income plan;
5	(iii) A credit insurance plan;
6	(iv) Insurance coverage issued as a supplement to
7	liability insurance;
8	(v) Medical payments under an automobile or
9	homeowners' insurance plan;
10	(vi) A health benefit plan provided under Arkansas
11	Constitution, Article 5, § 32, the Workers' Compensation Law, § 11-9-101 et
12	seq., and the Public Employee Workers' Compensation Act, § 21-5-601 et seq.;
13	(vii) A plan that provides only indemnity for
14	hospital confinement;
15	(viii) An accident-only plan; or
16	(ix) A specified disease plan;
17	(8)(A) "Healthcare insurer" means any insurance company,
18	hospital and medical service corporation, or health maintenance organization
19	that issues or delivers health benefit plans in this state and is subject to
20	any of the following laws:
21	(i) The insurance laws of this state;
22	(ii) Section 23-75-101 et seq., pertaining to
23	hospital and medical service corporations; or
24	(iii) Section 23-76-101 et seq., pertaining to
25	health maintenance organizations.
26	(B) "Healthcare insurer" does not include an entity that
27	provides only dental benefits or eye and vision care benefits;
28	$\frac{(3)}{(9)}$ "Mammography" means radiography of the breast; and
29	$\frac{(4)(A)(10)(A)}{(10)(A)}$ "Screening mammography", including digital breast
30	tomosynthesis, means a radiologic procedure provided to a woman, who has no
31	signs or symptoms of breast cancer, for the purpose of early detection of
32	breast cancer.
33	(B) The procedure entails at least two (2) views of each
34	breast and includes a physician's radiologist's interpretation of the results
35	of the procedure.
36	(b)(l)(A) Every accident and health insurance company, hospital

- 1 service corporation, health maintenance organization, or other accident and
- 2 health insurance provider healthcare insurer in the State of Arkansas this
- 3 state shall offer as an essential health benefit, coverage for screening
- 4 mammography and breast ultrasound for the diagnosis of breast disease such as
- 5 cancer and the evaluation of dense breast tissue:
- 6 (A) A baseline mammogram for an insured woman who is
- 7 thirty-five to forty (35-40) years of age;
- 8 (B) An annual mammogram for an insured woman who is forty
- 9 (40) years of age or older;
- 10 (C) Upon recommendation of a woman's physician, without
- 11 regard to age, when the woman has had a prior history of breast cancer, when
- 12 the woman's mother, or sister, or any first or second degree female relative
- 13 of the woman has had a history of breast cancer, positive genetic testing, or
- 14 other risk factors; and
- 15 (D) A comprehensive ultrasound screening of an entire
- 16 breast or breasts complete breast ultrasound if a mammogram screening
- 17 demonstrates heterogeneously dense or extremely dense breast tissue and the
- 18 woman's primary healthcare provider or radiologist determines a comprehensive
- 19 <u>an</u> ultrasound screening is medically necessary.
- 20 (2) Insurance coverage for screening mammograms under a health
- 21 <u>benefit plan</u>, including digital breast tomosynthesis, and breast ultrasounds
- 22 shall not prejudice coverage for diagnostic mammograms or breast ultrasounds,
- 23 as recommended by the woman's physician.
- 24 (3) A fully insured large group insurer that issues, renews, or
- 25 extends a health benefit plan in this state shall also provide coverage for
- 26 an optional screening mammography and breast ultrasound benefit as described
- 27 under subdivision (b)(1) of this section.
- 28 (4) As used in this subsection, an accident and health insurance
- 29 company, hospital service corporation, health maintenance organization, or
- 30 other accident and health insurance provider does not include benefits under
- 31 one (1) or more, or any combination thereof, of the following:
- 32 (A) Coverage only for accident or disability income
- 33 insurance, or any combination thereof;
- 34 (B) Coverage issued as a supplement to liability
- 35 insurance;
- 36 (C) Liability insurance, including general liability

1	insurance and automobile liability insurance;
2	(D) Workers' compensation or similar insurance;
3	(E) Automobile medical payment insurance;
4	(F) Credit-only insurance;
5	(G) Limited-scope dental or vision benefits;
6	(H) Benefits for long-term care, nursing home care, home
7	health care, community-based care, or any combination thereof;
8	(I) Coverage only for a specified disease or illness;
9	(J) Hospital indemnity or other fixed indemnity insurance;
10	or
11	(K) Other similar insurance coverage, specified in rules,
12	under which benefits for medical care are secondary or incidental to other
13	insurance benefits.
14	(c) [Repealed.]
15	(d) Furthermore, no A healthcare insurer shall not pay for
16	mammographies performed in an unaccredited facility after January 1, 1990.
17	(e)(1)(d)(1) After January 1, 2014, an accident and health insurance
18	company, hospital service corporation, health maintenance organization, or
19	other accident and health insurance provider a healthcare insurer shall use
20	the Healthcare Common Procedure Coding System G code for digital mammography
21	services or the Current Procedural Terminology code as established for
22	digital mammography and listed in the most recent annual edition of Current
23	Procedural Terminology published by the American Medical Association.
24	(2) The codes used for digital mammography services described in
25	subdivision $\frac{(e)(1)}{(d)(1)}$ of this section shall be reimbursed at a minimum of
26	one and five-tenths (1.5) times the Medicare reimbursement rate.
27	$\frac{(f)(1)}{(e)(1)}$ Benefits under this section are subject to any policy
28	health benefit plan provisions that apply to other services covered by the
29	policy health benefit plan, except that an insurance policy a health benefit
30	plan shall not impose a copayment or deductible for a screening mammogram.
31	(2) A breast ultrasound may be subject to any applicable
32	copayment as required under a health benefit plan but shall not be subject to
33	a deductible or any applicable copayment.
34	(3) A healthcare insurer shall ensure that an individual's cost-
35	sharing requirement under a health benefit plan that is applicable to a
36	diagnostic examination for breast cancer, including breast magnetic resonance

1	imaging, is no less favorable than the cost-sharing requirement that is
2	applicable to a screening examination for breast cancer.
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5	/s/G. Leding
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8	APPROVED: 4/5/21
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