1 2	State of Arkansas 93rd General Assembly	$\mathop{\mathrm{As}}_{}^{Engrossed:}\mathop{\mathrm{Bill}}^{\mathit{S2/24/21}}$		
3	Regular Session, 2021		SENATE BILL 290	
4	,			
5	By: Senators G. Leding, Bled	dsoe, L. Eads, J. Hendren, K. Ingram, B. Davis, Ed	lliott, Irvin, Teague	
6	By: Representatives Vaught, D. Ferguson, Jett, Boyd, Maddox, Murdock			
7				
8	For An Act To Be Entitled			
9	AN ACT CONCERNING COVERAGE OF DIAGNOSTIC EXAMINATIONS			
10	FOR BREAS	T CANCER UNDER CERTAIN HEALTH BENEFIT	Γ PLANS;	
11	AND FOR O	THER PURPOSES.		
12				
13				
14		Subtitle		
15	CONC	CERNING COVERAGE OF DIAGNOSTIC		
16	EXAM	MINATIONS FOR BREAST CANCER UNDER		
17	CERT	CAIN HEALTH BENEFIT PLANS.		
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20	BE IT ENACTED BY THE	GENERAL ASSEMBLY OF THE STATE OF ARKA	ANSAS:	
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22	SECTION 1. Ark	ansas Code § 23-79-140 is amended to	read as follows:	
23	23-79-140. Mam	mograms — Breast ultrasounds — Defin	itions.	
24	(a) As used in	this section:		
25	(1) <u>"Bre</u>	ast magnetic resonance imaging" means	s a diagnostic tool	
26	that uses a powerful	magnetic field, radio waves, and a co	omputer to produce	
27	detailed pictures of	the structures within the breast;		
28	<u>(2)</u> "Bre	ast ultrasound" means <del>an</del> <u>a noninvasiv</u>	ve, diagnostic	
29	imaging technique tha	t uses <del>harmless,</del> high-frequency sound	d waves to produce	
30	detailed images of th	e breast <del>in order to screen for and c</del>	<del>diagnose breast</del>	
31	disease, such as canc	er;		
32	<del>(2)</del> (3) "	<u>Cost-sharing requirement" means a dec</u>	ductible,	
33	coinsurance, copaymen	t, and any maximum limitation on the	application of a	
34	deductible, coinsurance, copayment, or similar out-of-pocket expense under a			
35	health benefit plan;			
36	<u>(4) "Dia</u>	gnostic examination for breast cancer	r" means a medically	

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1	necessary and appropriate examination, as determined by a clinician who is		
2	evaluating the individual for breast cancer, to evaluate the abnormality in		
3	the breast that is:		
4	(A) Seen or suspected from a screening examination for		
5	breast cancer;		
6	(B) Detected by another means of examination; or		
7	(C) Suspected based on the medical history or family		
8	medical history of the individual;		
9	(5) "Diagnostic mammography" means a problem solving radiologic		
10	procedure of higher intensity than screening mammography provided to women		
11	who are suspected to have breast pathology, usually characterized by the		
12	following medical events diagnostic tool that:		
13	(A) Patients are usually referred for analysis of palpable		
14	abnormalities or for further evaluation of mammographically detected		
15	abnormalities Uses X-ray; and		
16	(B) All images are reviewed by the physician interpreting		
17	the study, and additional views are obtained as needed Is designed to		
18	evaluate an abnormality in a breast; and		
19	(C) A physical examination of the breast by the		
20	interpreting physician to correlate the radiologic findings is performed as		
21	part of the study when indicated;		
22	(6) "Examination for breast cancer" means an examination used to		
23	evaluate an abnormality in a breast using diagnostic mammography, breast		
24	magnetic resonance imaging, or breast ultrasound;		
25	(7)(A) "Health benefit plan" means an individual, blanket, or		
26	any group plan, policy, or contract for healthcare services issued, renewed,		
27	or extended in this state by a healthcare insurer, health maintenance		
28	organization, hospital medical service corporation, or self-insured		
29	governmental or church plan in this state.		
30	(B) "Health benefit plan" includes:		
31	(i) Indemnity and managed care plans; and		
32	(ii) Plans providing health benefits to state and		
33	public school employees under § 21-5-401 et seq.		
34	(C) "Health benefit plan" does not include:		
35	(i) A plan that provides only dental benefits or eye		
36	and vision care benefits:		

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

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1 mammography and breast ultrasound for the diagnosis of breast disease such as 2 cancer and the evaluation of dense breast tissue:

- 3 (A) A baseline mammogram for an insured woman who is 4 thirty-five to forty (35-40) years of age;
- 5 (B) An annual mammogram for an insured woman who is forty 6 (40) years of age or older;
- 7 (C) Upon recommendation of a woman's physician, without
  8 regard to age, when the woman has had a prior history of breast cancer, when
  9 the woman's mother, or sister, or any first or second degree female relative
  10 of the woman has had a history of breast cancer, positive genetic testing, or
  11 other risk factors; and

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- (D) A comprehensive ultrasound screening of an entire breast or breasts complete breast ultrasound if a mammogram screening demonstrates heterogeneously dense or extremely dense breast tissue and the woman's primary healthcare provider or radiologist determines a comprehensive an ultrasound screening is medically necessary.
- (2) Insurance coverage for screening mammograms <u>under a health</u> <u>benefit plan</u>, including digital breast tomosynthesis, and breast ultrasounds shall not prejudice coverage for diagnostic mammograms or breast ultrasounds, as recommended by the woman's physician.
- (3) A fully insured large group insurer that issues, renews, or extends a health benefit plan in this state shall also provide coverage for an optional screening mammography and breast ultrasound benefit as described under subdivision (b)(1) of this section.
- (4) As used in this subsection, an accident and health insurance company, hospital service corporation, health maintenance organization, or other accident and health insurance provider does not include benefits under one (1) or more, or any combination thereof, of the following:
- 29 (A) Coverage only for accident or disability income 30 insurance, or any combination thereof;
- 31 (B) Coverage issued as a supplement to liability
  32 insurance;
- 33 (C) Liability insurance, including general liability
  34 insurance and automobile liability insurance;
- 35 (D) Workers' compensation or similar insurance;
- 36 (E) Automobile medical payment insurance;

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

/s/G. Leding