

**SENATE AMENDMENT NO. \_\_\_\_\_**

Offered by \_\_\_\_\_ of \_\_\_\_\_

Amend SS/SCS/HCS/House Bill No. 1682, Page 66, Section 376.393, Line 10,

2 of said page, by inserting immediately after said line the  
3 following:

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

19 2. All individual and group health insurance policies  
20 providing coverage on an expense-incurred basis, individual and  
21 group service or indemnity type contracts issued by a nonprofit  
22 corporation, individual and group service contracts issued by a  
23 health maintenance organization, all self-insured group

1 arrangements to the extent not preempted by federal law and all  
2 managed health care delivery entities of any type or description,  
3 that are delivered, issued for delivery, continued or renewed on  
4 or after August 28, 1991, and providing coverage to any resident  
5 of this state shall provide benefits or coverage for low-dose  
6 mammography screening for any nonsymptomatic woman covered under  
7 such policy or contract which meets the minimum requirements of  
8 this section. Such benefits or coverage shall include at least  
9 the following:

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

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

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

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

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

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

11           Further amend the title and enacting clause accordingly.