FIRST REGULAR SESSION

SENATE BILL NO. 461

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR GANNON.

1781S.01I KRISTINA MARTIN, Secretary

AN ACT

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

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Section A. Section 376.782, RSMo, is repealed and one new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

376.782. 1. As used in this section, the **[**term**]**
2 **following terms shall mean:**
3 **(1) "Breast tomosynthesis", a radiologic procedure**
4 **that involves the acquisition of projection images over the**
5 **stationary breast to produce cross-sectional digital three-**
6 **dimensional images of the breast;**
7 **(2) "Cost-sharing requirement", any deductible,**
8 **coinsurance, or co-payment, or maximum limitation on the**
9 **application of such deductible, coinsurance, or co-payment,**
10 **or any similar out-of-pocket expense;**
11 **(3)** "Low-dose mammography screening" means the X-ray
12 examination of the breast using equipment specifically
13 designed and dedicated for mammography, including the X-ray
14 tube, filter, compression device, detector, films, and
15 cassettes, with an average radiation exposure delivery of
16 less than one rad mid-breast, with two views for each
17 breast, and any fee charged by a radiologist or other
18 physician for reading, interpreting or diagnosing based on

EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

19 such X-ray. **[**As used in this section, the term "low-dose
20 mammography screening"**]** **Such term** shall also include digital
21 mammography and breast tomosynthesis. **[**As used in this
22 section, the term "breast tomosynthesis" shall mean a
23 radiologic procedure that involves the acquisition of
24 projection images over the stationary breast to produce
25 cross-sectional digital three-dimensional images of the
26 breast.**]**
27 2. All individual and group health insurance policies
28 providing coverage on an expense-incurred basis, individual
29 and group service or indemnity type contracts issued by a
30 nonprofit corporation, individual and group service
31 contracts issued by a health maintenance organization, all
32 self-insured group arrangements to the extent not preempted
33 by federal law and all managed health care delivery entities
34 of any type or description, that are delivered, issued for
35 delivery, continued or renewed on or after August 28, 1991,
36 and providing coverage to any resident of this state shall
37 provide benefits or coverage for low-dose mammography
38 screening for any nonsymptomatic woman covered under such
39 policy or contract which meets the minimum requirements of
40 this section. Such benefits or coverage shall include at
41 least the following:
42 (1) A baseline mammogram for women age thirty-five to
43 thirty-nine, inclusive;
44 (2) A mammogram every year for women age forty and
45 over;
46 (3) A mammogram every year for any woman deemed by a
47 treating physician to have an above-average risk for breast
48 cancer in accordance with the American College of Radiology
49 guidelines for breast cancer screening;

50 (4) Any additional or supplemental imaging, such as
51 breast magnetic resonance imaging or ultrasound, deemed
52 medically necessary by a treating physician for proper
53 breast cancer screening or evaluation in accordance with
54 applicable American College of Radiology guidelines; and
55 (5) Ultrasound or magnetic resonance imaging services,
56 if determined by a treating physician to be medically
57 necessary for the screening or evaluation of breast cancer
58 for any woman deemed by the treating physician to have an
59 above-average risk for breast cancer in accordance with
60 American College of Radiology guidelines for breast cancer
61 screening.
62 3. Coverage and benefits required under this section
63 shall be at least as favorable and subject to the same
64 dollar limits, deductibles, and co-payments as other
65 radiological examinations; provided, however, that on and
66 after January 1, 2019, providers of health care services
67 specified under this section shall be reimbursed at rates
68 accurately reflecting the resource costs specific to each
69 modality, including any increased resource cost.
70 **4. No health benefit plan delivered, issued for**
71 **delivery, continued, or renewed in this state on or after**
72 **January 1, 2024, shall impose any cost-sharing requirement**
73 **for coverage required under this section. If application of**
74 **this subsection would result in health savings account**
75 **ineligibility under Section 223 of the Internal Revenue**
76 **Code, this requirement shall apply only for health savings**
77 **account-qualified high deductible health plans with respect**
78 **to the deductible of such plans after the enrollee has**
79 **satisfied the minimum deductible under that section, except**
80 **with respect to items or services that are preventative care**
81 **pursuant to Section 223(c)(2)(C) of the Internal Revenue**

82 **Code, in which case the requirements of this subsection**
83 **shall apply regardless of whether the minimum deductible has**
84 **been satisfied.**

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