

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

State of Arkansas
93rd General Assembly
Regular Session, 2021

As Engrossed: S2/24/21 H3/8/21

A Bill

SENATE BILL 290

By: Senators G. Leding, Bledsoe, L. Eads, J. Hendren, K. Ingram, *B. Davis, Elliott, Irvin, Teague, J. Dismang, T. Garner, D. Wallace*

By: Representatives Vaught, D. Ferguson, Jett, *Boyd, Maddox, Murdock, F. Allen, Barker, S. Berry, Cavenaugh, Cloud, Eaves, Evans, Haak, Gazaway, Gonzales, M. Gray, McCullough, Richardson, Scott, Slape, Warren*

For An Act To Be Entitled

AN ACT CONCERNING COVERAGE OF DIAGNOSTIC EXAMINATIONS
FOR BREAST CANCER UNDER CERTAIN HEALTH BENEFIT PLANS;
AND FOR OTHER PURPOSES.

Subtitle

CONCERNING COVERAGE OF DIAGNOSTIC
EXAMINATIONS FOR BREAST CANCER UNDER
CERTAIN HEALTH BENEFIT PLANS.

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

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

23-79-140. Mammograms – Breast ultrasounds – Definitions.

(a) As used in this section:

(1) "Breast magnetic resonance imaging" means a diagnostic tool that uses a powerful magnetic field, radio waves, and a computer to produce detailed pictures of the structures within the breast;

(2) "Breast ultrasound" means ~~an~~ a noninvasive, diagnostic 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)(3)~~ "Cost-sharing requirement" means a deductible, coinsurance, copayment, and any maximum limitation on the application of a



deductible, coinsurance, copayment, or similar out-of-pocket expense under a health benefit plan;

(4) "Diagnostic examination for breast cancer" means a medically necessary and appropriate examination, as determined by a clinician who is evaluating the individual for breast cancer, to evaluate the abnormality in the breast that is:

(A) Seen or suspected from a screening examination for breast cancer;

(B) Detected by another means of examination; or

(C) Suspected based on the medical history or family medical history of the individual;

~~(5) "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~~ diagnostic tool that:

~~(A) Patients are usually referred for analysis of palpable abnormalities or for further evaluation of mammographically detected abnormalities~~ Uses X-ray; and

~~(B) All images are reviewed by the physician interpreting the study, and additional views are obtained as needed~~ Is designed to evaluate an abnormality in a breast; 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;~~

(6) "Examination for breast cancer" means an examination used to evaluate an abnormality in a breast using diagnostic mammography, breast magnetic resonance imaging, or breast ultrasound;

(7)(A) "Health benefit plan" means an individual, blanket, or any group plan, policy, or contract for healthcare services issued, renewed, or extended in this state by a healthcare insurer, health maintenance organization, hospital medical service corporation, or self-insured governmental or church plan in this state.

(B) "Health benefit plan" includes:

(i) Indemnity and managed care plans; and

(ii) Plans providing health benefits to state and public school employees under § 21-5-401 et seq.

(C) "Health benefit plan" does not include:

(i) A plan that provides only dental benefits or eye and vision care benefits;

(ii) A disability income plan;

(iii) A credit insurance plan;

(iv) Insurance coverage issued as a supplement to liability insurance;

(v) Medical payments under an automobile or homeowners' insurance plan;

(vi) A health benefit plan provided under Arkansas Constitution, Article 5, § 32, the Workers' Compensation Law, § 11-9-101 et seq., and the Public Employee Workers' Compensation Act, § 21-5-601 et seq.;

(vii) A plan that provides only indemnity for hospital confinement;

(viii) An accident-only plan; or

(ix) A specified disease plan;

(8)(A) "Healthcare insurer" means any insurance company, hospital and medical service corporation, or health maintenance organization that issues or delivers health benefit plans in this state and is subject to any of the following laws:

(i) The insurance laws of this state;

(ii) Section 23-75-101 et seq., pertaining to hospital and medical service corporations; or

(iii) Section 23-76-101 et seq., pertaining to health maintenance organizations.

(B) "Healthcare insurer" does not include an entity that provides only dental benefits or eye and vision care benefits;

~~(3)(9)~~ (9) "Mammography" means radiography of the breast; and

~~(4)(A)(10)(A)~~ (10)(A) "Screening mammography", including digital breast tomosynthesis, 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~~ radiologist's interpretation of the results of the procedure.

~~(b)(1)(A) Every accident and health insurance company, hospital~~

~~service corporation, health maintenance organization, or other accident and health insurance provider~~ healthcare insurer in the State of Arkansas this state shall offer as an essential health benefit, coverage for screening mammography ~~and breast ultrasound~~ for the diagnosis of breast disease such as cancer and the evaluation of dense breast tissue:

(A) A baseline mammogram for an insured woman who is thirty-five to forty (35-40) years of age;

(B) An annual mammogram for an insured woman who is forty (40) years of age or older;

(C) Upon recommendation of a woman's physician, without regard to age, when the woman has had a prior history of breast cancer, when the woman's ~~mother, or sister, or any first or second degree female relative of the woman~~ mother, or sister, or any first or second degree female relative of the woman has had a history of breast cancer, positive genetic testing, or other risk factors; and

(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~~ an ultrasound screening is medically necessary.

(2) Insurance coverage for screening mammograms under a health benefit plan, 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:~~

~~(A) Coverage only for accident or disability income insurance, or any combination thereof;~~

~~(B) Coverage issued as a supplement to liability insurance;~~

~~(C) Liability insurance, including general liability~~

~~insurance and automobile liability insurance;~~

~~(D) Workers' compensation or similar insurance;~~

~~(E) Automobile medical payment insurance;~~

~~(F) Credit only insurance;~~

~~(G) Limited scope dental or vision benefits;~~

~~(H) Benefits for long term care, nursing home care, home health care, community based care, or any combination thereof;~~

~~(I) Coverage only for a specified disease or illness;~~

~~(J) Hospital indemnity or other fixed indemnity insurance;~~

~~or~~

~~(K) Other similar insurance coverage, specified in rules, under which benefits for medical care are secondary or incidental to other insurance benefits.~~

(c) ~~{Repealed.}~~

~~(d) Furthermore, no A healthcare insurer shall not pay for mammographies performed in an unaccredited facility after January 1, 1990.~~

~~(e)(1)(d)(1) After January 1, 2014, an accident and health insurance company, hospital service corporation, health maintenance organization, or other accident and health insurance provider a healthcare insurer shall use the Healthcare Common Procedure Coding System G code for digital mammography services or the Current Procedural Terminology code as established for digital mammography and listed in the most recent annual edition of Current Procedural Terminology published by the American Medical Association.~~

(2) The codes used for digital mammography services described in subdivision ~~(e)(1)(d)(1)~~ of this section shall be reimbursed at a minimum of one and five-tenths (1.5) times the Medicare reimbursement rate.

~~(f)(1)(e)(1) Benefits under this section are subject to any ~~policy~~ health benefit plan provisions that apply to other services covered by the ~~policy~~ health benefit plan, except that ~~an insurance policy~~ a health benefit plan 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 or any applicable copayment.

(3) A healthcare insurer shall ensure that an individual's cost-sharing requirement under a health benefit plan that is applicable to a diagnostic examination for breast cancer, including breast magnetic resonance

imaging, is no less favorable than the cost-sharing requirement that is applicable to a screening examination for breast cancer.

/s/G. Leding

APPROVED: 4/5/21