

SSB 5396 - H COMM AMD
By Committee on Appropriations

ADOPTED 04/07/2023

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** (1) In 1989 the legislature enacted
4 Substitute House Bill No. 1074 requiring disability insurers, group
5 disability insurers, health care service contractors, health
6 maintenance organizations, and plans offered to public employees that
7 provide benefits for hospital or medical care to provide benefits for
8 screening and diagnostic mammography services.

9 (2) In 2010 the United States congress enacted the patient
10 protection and affordable care act, which required coverage of
11 certain preventative care services including screening mammograms
12 with no cost sharing.

13 (3) In 2013 the Washington state office of the insurance
14 commissioner adopted rules establishing the essential health benefits
15 benchmark plan, which listed diagnostic and screening mammogram
16 services as state benefit requirements under preventative and
17 wellness services.

18 (4) In 2018 the legislature enacted Senate Bill No. 5912 which
19 directed the office of the insurance commissioner to clarify that the
20 existing mandates for mammography included coverage for
21 tomosynthesis, also known as three-dimensional mammography, under the
22 same terms and conditions allowed for mammography.

23 (5) The legislature intends to establish that the requirements
24 for coverage of mammography services predated the affordable care act
25 and are already included in the state's essential health benefits
26 benchmark plan. Furthermore, the legislature intends to prohibit cost
27 sharing for certain types of breast examinations.

28 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43
29 RCW to read as follows:

30 (1) Except as provided in subsection (2) of this section, for
31 nongrandfathered health plans issued or renewed on or after January

1 1, 2024, that include coverage of supplemental breast examinations
2 and diagnostic breast examinations, health carriers may not impose
3 cost sharing for such examinations.

4 (2) For a health plan that provides coverage of supplemental
5 breast examinations and diagnostic breast examinations and is offered
6 as a qualifying health plan for a health savings account, the health
7 carrier shall establish the plan's cost sharing for the coverage of
8 the services described in this section at the minimum level necessary
9 to preserve the enrollee's ability to claim tax exempt contributions
10 from their health savings account under internal revenue service laws
11 and regulations.

12 (3) For purposes of this section:

13 (a) "Diagnostic breast examination" means a medically necessary
14 and appropriate examination of the breast, including an examination
15 using diagnostic mammography, digital breast tomosynthesis, also
16 called three dimensional mammography, breast magnetic resonance
17 imaging, or breast ultrasound, that is used to evaluate an
18 abnormality:

19 (i) Seen or suspected from a screening examination for breast
20 cancer; or

21 (ii) Detected by another means of examination.

22 (b) "Supplemental breast examination" means a medically necessary
23 and appropriate examination of the breast, including an examination
24 using breast magnetic resonance imaging or breast ultrasound, that
25 is: (i) Used to screen for breast cancer when there is no abnormality
26 seen or suspected; and

27 (ii) Based on personal or family medical history, or additional
28 factors that may increase the individual's risk of breast cancer.

29 **Sec. 3.** RCW 48.20.393 and 1994 sp.s. c 9 s 728 are each amended
30 to read as follows:

31 Each disability insurance policy issued or renewed after January
32 1, 1990, that provides coverage for hospital or medical expenses
33 shall provide coverage for screening or diagnostic mammography
34 services, provided that such services are delivered upon the
35 recommendation of the patient's physician or advanced registered
36 nurse practitioner as authorized by the nursing care quality
37 assurance commission pursuant to chapter 18.79 RCW or physician
38 assistant pursuant to chapter 18.71A RCW.

1 This section shall not be construed to prevent the application of
2 standard policy provisions, other than the cost-sharing prohibition
3 provided in section 2 of this act, that are applicable to other
4 benefits (~~((such as deductible or copayment provisions))~~). This section
5 does not limit the authority of an insurer to negotiate rates and
6 contract with specific providers for the delivery of mammography
7 services. This section shall not apply to medicare supplement
8 policies or supplemental contracts covering a specified disease or
9 other limited benefits.

10 **Sec. 4.** RCW 48.21.225 and 1994 sp.s. c 9 s 731 are each amended
11 to read as follows:

12 Each group disability insurance policy issued or renewed after
13 January 1, 1990, that provides coverage for hospital or medical
14 expenses shall provide coverage for screening or diagnostic
15 mammography services, provided that such services are delivered upon
16 the recommendation of the patient's physician or advanced registered
17 nurse practitioner as authorized by the nursing care quality
18 assurance commission pursuant to chapter 18.79 RCW or physician
19 assistant pursuant to chapter 18.71A RCW.

20 This section shall not be construed to prevent the application of
21 standard policy provisions, other than the cost-sharing prohibition
22 provided in section 2 of this act, that are applicable to other
23 benefits (~~((such as deductible or copayment provisions))~~). This section
24 does not limit the authority of an insurer to negotiate rates and
25 contract with specific providers for the delivery of mammography
26 services. This section shall not apply to medicare supplement
27 policies or supplemental contracts covering a specified disease or
28 other limited benefits.

29 **Sec. 5.** RCW 48.44.325 and 1994 sp.s. c 9 s 734 are each amended
30 to read as follows:

31 Each health care service contract issued or renewed after January
32 1, 1990, that provides benefits for hospital or medical care shall
33 provide benefits for screening or diagnostic mammography services,
34 provided that such services are delivered upon the recommendation of
35 the patient's physician or advanced registered nurse practitioner as
36 authorized by the nursing care quality assurance commission pursuant
37 to chapter 18.79 RCW or physician assistant pursuant to chapter
38 18.71A RCW.

1 This section shall not be construed to prevent the application of
2 standard contract provisions, other than the cost-sharing prohibition
3 provided in section 2 of this act, that are applicable to other
4 benefits (~~((such as deductible or copayment provisions))~~). This section
5 does not limit the authority of a contractor to negotiate rates and
6 contract with specific providers for the delivery of mammography
7 services. This section shall not apply to medicare supplement
8 policies or supplemental contracts covering a specified disease or
9 other limited benefits.

10 **Sec. 6.** RCW 48.46.275 and 1994 sp.s. c 9 s 735 are each amended
11 to read as follows:

12 Each health maintenance agreement issued or renewed after January
13 1, 1990, that provides benefits for hospital or medical care shall
14 provide benefits for screening or diagnostic mammography services,
15 provided that such services are delivered upon the recommendation of
16 the patient's physician or advanced registered nurse practitioner as
17 authorized by the nursing care quality assurance commission pursuant
18 to chapter 18.79 RCW or physician assistant pursuant to chapter
19 18.71A RCW.

20 All services must be provided by the health maintenance
21 organization or rendered upon referral by the health maintenance
22 organization. This section shall not be construed to prevent the
23 application of standard agreement provisions, other than the cost-
24 sharing prohibition provided in section 2 of this act, that are
25 applicable to other benefits (~~((such as deductible or copayment~~
26 ~~provisions))~~). This section does not limit the authority of a health
27 maintenance organization to negotiate rates and contract with
28 specific providers for the delivery of mammography services. This
29 section shall not apply to medicare supplement policies or
30 supplemental contracts covering a specified disease or other limited
31 benefits."

32 Correct the title.

EFFECT: Removes digital breast tomosynthesis from the definition
of a supplemental breast examination.

Modifies the provisions that provide the existing mammography
coverage requirements may not be construed to prevent the application
of standard agreement provisions, by restoring the underlying

language except for the references to deductible or copayment provisions.

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