
SENATE BILL 5906

State of Washington

67th Legislature

2022 Regular Session

By Senators Cleveland, Rivers, Stanford, and L. Wilson

Read first time 01/19/22. Referred to Committee on Health & Long Term Care.

1 AN ACT Relating to health plan coverage for contralateral
2 prophylactic mastectomies; and adding a new section to chapter 48.43
3 RCW.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 48.43
6 RCW to read as follows:

7 (1) Health plans issued or renewed on or after January 1, 2023,
8 shall provide benefits or coverage for contralateral prophylactic
9 mastectomies to covered individuals who:

10 (a) Are determined by their physician to be at a high risk of
11 developing breast cancer in the contralateral breast, including those
12 who:

13 (i) Have a lifetime risk of breast cancer of at least 20 percent
14 based on assessment tools assessing family history;

15 (ii) Have a first degree relative with a BRCA1 or BRCA2 gene
16 mutation, and have not had genetic testing themselves;

17 (iii) Had radiation therapy to the chest when they were between
18 the ages of 10 and 30;

19 (iv) Have Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-
20 Riley-Ruvalcaba syndrome, or have first degree relatives with one of
21 these syndromes; or

1 (v) Have a genetic defect, based on genetic testing, that
2 predisposes them to breast cancer, including having a known BRCA1 or
3 BRCA2 gene mutation;

4 (b) Have a desire to eliminate the anxiety of developing breast
5 cancer in the contralateral breast in the future; or

6 (c) Have a desire for symmetry and reconstruction of both breasts
7 following removal of a breast due to breast cancer.

8 (2)(a) A health carrier is not required under this section to
9 provide for a referral to a nonparticipating health care provider,
10 unless the carrier does not have an appropriate health care provider
11 that is available and accessible to administer the procedure and that
12 is a participating health care provider with respect to such
13 procedure.

14 (b) If a health carrier refers an individual to a
15 nonparticipating health care provider pursuant to this section,
16 screening services or a resulting procedure, if any, must be provided
17 at no additional cost to the individual beyond what the individual
18 would otherwise pay for services provided by a participating health
19 care provider.

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