

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2023

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SENATE BILL 899

Short Title: Diagnostic Imaging Parity. (Public)

Sponsors: Senators Batch, Mayfield, and Chaudhuri (Primary Sponsors).

Referred to: Rules and Operations of the Senate

May 6, 2024

A BILL TO BE ENTITLED

AN ACT PROVIDING HEALTH COVERAGE PARITY FOR BREAST CANCER DIAGNOSTIC IMAGING, MAKING TECHNICAL AND CONFORMING CHANGES TO THE GENERAL STATUTES RELATED TO BREAST CANCER SCREENING, UPDATING MAMMOGRAPHIC BREAST DENSITY PATIENT NOTIFICATION REQUIREMENTS, AND APPROPRIATING FUNDS TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR THE PURPOSES OF EDUCATING HEALTHCARE PROVIDERS ABOUT THE CHANGES TO HEALTH INSURANCE COVERAGE OF BREAST CANCER SCREENING AND DIAGNOSIS AND THE UPDATES TO THE MAMMOGRAPHIC BREAST DENSITY PATIENT NOTIFICATION REQUIREMENTS.

The General Assembly of North Carolina enacts:

SECTION 1.(a) Subsections (a1), (b), and (c) of G.S. 58-51-57 are repealed.

SECTION 1.(b) G.S. 58-51-57 is recodified as G.S. 58-3-271.

SECTION 2.(a) G.S. 58-3-271, as enacted by Section 1(a) of this act, reads as rewritten:

"§ 58-3-271. Coverage for ~~mammograms screening for, and diagnosis of, breast cancer and cervical cancer screening-cancer.~~

(a) The following definitions apply in this section:

(1) Breast magnetic resonance imaging. – 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. – A noninvasive diagnostic tool that uses high-frequency sound waves to produce detailed images of the breast.

(3) Cost-sharing requirement. – A deductible, coinsurance, copayment, and any maximum limitation on the application of a deductible, coinsurance, copayment, or similar out-of-pocket expense.

(4) Diagnostic examination for breast cancer. – An examination for breast cancer that is determined by the healthcare provider treating the patient to be medically necessary and appropriate and that may include breast magnetic resonance imaging, breast ultrasound, and diagnostic low-dose mammography to evaluate the abnormality in the breast that meets one of the following criteria:

a. Is seen or suspected from a screening examination for breast cancer.

b. Is detected by another means of examination.

(5) Insurer. – As defined in G.S. 58-3-167.



- 1 (6) Low-dose mammography. – A radiologic procedure for the early detection of
2 breast cancer using equipment dedicated specifically for mammography,
3 including a physician's interpretation of the results of the procedure.
- 4 (7) Screening examination for breast cancer. – Low-dose mammography, or an
5 equivalent procedure, that is used to determine if there is abnormality in the
6 breast.
- 7 (8) Screening of early detection of cervical cancer. – Examinations and laboratory
8 tests used to detect cervical cancer, including conventional PAP smear
9 screening, liquid-based cytology, and human papilloma virus (HPV) detection
10 methods for women with equivocal findings on cervical cytologic analysis
11 that are subject to the approval of and have been approved by the United States
12 Food and Drug Administration. examination, the laboratory fee, and the
13 physician's interpretation of the laboratory results
- 14 (9) Supplemental examination for breast cancer. – An examination for breast
15 cancer that is determined by the healthcare provider treating the patient to be
16 medically necessary and appropriate and that may include breast magnetic
17 resonance imaging or breast ultrasound to screen for cancer if the patient
18 meets either of the following criteria:
- 19 a. The patient is at increased risk for breast cancer based on the patient's
20 personal medical history or family medical history of breast cancer.
- 21 b. The patient has heterogeneously or extremely dense breast tissue as
22 defined by the Breast Imaging Reporting and Data System established
23 by the American College of Radiology.
- 24 (b) ~~Every policy or contract of accident or health insurance, and every preferred provider~~
25 ~~benefit plan under G.S. 58-50-56, that is issued, renewed, or amended on or after January 1, 1992,~~
26 ~~health benefit plan offered by an insurer in this State shall provide coverage for examinations and~~
27 ~~laboratory tests-tests, including the laboratory fee and the interpretation of the laboratory results,~~
28 ~~for the screening for the early detection of cervical cancer and for low-dose screening~~
29 ~~mammography. The same deductibles, coinsurance, and other limitations as apply to similar~~
30 ~~services covered under the policy, contract, or plan shall apply to coverage for examinations and~~
31 ~~laboratory tests for the screening for the early detection of cervical cancer and low-dose screening~~
32 ~~mammography.~~
- 33 (c) Every health benefit plan offered by an insurer in this State that provides benefits for
34 a diagnostic or supplemental examination for breast cancer shall ensure that the cost-sharing
35 requirements applicable to a diagnostic or supplemental examination for breast cancer are no less
36 favorable than the cost-sharing requirements applicable to low-dose screening mammography
37 for breast cancer.
- 38 (d) ~~Reimbursement for a mammogram authorized-required under this section shall be~~
39 ~~made only if the facility in which the mammogram was performed meets mammography~~
40 ~~accreditation standards established by the North Carolina Medical Care Commission.~~
- 41 (e) ~~Coverage for the screening for the early detection of cervical cancer shall be in~~
42 ~~accordance with the most recently published American Cancer Society guidelines or guidelines~~
43 ~~adopted by the North Carolina Advisory Committee on Cancer Coordination and Control.~~
44 ~~Coverage shall include the examination, the laboratory fee, and the physician's interpretation of~~
45 ~~the laboratory results. Reimbursements for laboratory fees required under this section shall be~~
46 ~~made only if the laboratory meets accreditation standards adopted by the North Carolina Medical~~
47 ~~Care Commission.~~
- 48 (f) Coverage for screening examinations for breast cancer and early detection of cervical
49 cancer required under this section shall, at a minimum, be provided in a manner that adheres to
50 the most recent United States Preventative Task Force A, B, and C recommendations."

51 **SECTION 2.(b)** G.S. 58-65-92 is repealed.

1 **SECTION 2.(c)** G.S. 58-67-76 is repealed.

2 **SECTION 3.(a)** G.S. 135-48.51 reads as rewritten:

3 "**§ 135-48.51. Coverage and operational mandates related to Chapter 58 of the General**
4 **Statutes.**

5 The following provisions of Chapter 58 of the General Statutes apply to the State Health Plan:

6 ...

7 (9a) G.S. 58-3-271, Coverage of screening for, and diagnosis of, breast and
8 cervical cancer.

9 "

10 **SECTION 3.(b)** Effective July 1, 2024, there is appropriated from the General Fund
11 to the Department of State Treasurer the sum of nine hundred thousand dollars (\$900,000) in
12 recurring funds for the 2024-2025 fiscal year to ensure compliance with subsection (a) of this
13 section by the North Carolina State Health Plan for Teachers and State Employees.

14 **SECTION 4.** G.S. 130A-215.5(a) reads as rewritten:

15 "(a) All health care facilities that perform mammography examinations shall include in
16 the summary of the mammography report, required by federal law to be provided to a patient,
17 information that identifies the patient's individual breast density classification based on the Breast
18 Imaging Reporting and Data System established by the American College of Radiology. If the
19 facility determines that a patient does not have heterogeneously or extremely dense breasts, the
20 summary of the mammography report shall include the following notice:

21 "Breast tissue can be either dense or not dense. Your mammogram indicates that you do NOT
22 have dense breast tissue. The presence of dense tissue makes it more difficult to detect
23 abnormalities in the breast and increases the risk of breast cancer. We are providing this
24 information to raise your awareness of this important factor and to encourage you to talk to your
25 healthcare provider about breast density, risks for breast cancer, and your individual risk factors."

26 If the facility determines that a patient has heterogeneously or extremely dense breasts, the
27 summary of the mammography report shall include the following notice:

28 "Breast tissue can be either dense or not dense. Your mammogram indicates that you may
29 have dense breast tissue. Dense breast tissue is relatively common and is found in more than forty
30 percent (40%) of women. The presence of dense tissue may make makes it more difficult to
31 detect abnormalities in the breast and may be associated with an increased increases the risk of
32 breast cancer. You might benefit from supplementary screening, which may include
33 contrast-enhanced mammography (also known as CEM) or magnetic resonance imaging of the
34 breast (also known as Breast MRI), or both, depending on your individual risk factors. We are
35 providing this information to raise your awareness of this important factor and to encourage you
36 to talk with your physician-healthcare provider about this and other breast cancer risk factors.
37 Together, you can decide which screening options are right for you. A report of your results was
38 sent to your physician-healthcare provider."

39 **SECTION 5.** Effective July 1, 2024, there is appropriated from the General Fund to
40 the Department of Health and Human Services, the sum of one hundred thousand dollars
41 (\$100,000) in nonrecurring funds for the 2024-2025 fiscal year to be used to educate healthcare
42 providers about the changes to health insurance coverage of breast cancer screening and
43 diagnosis and the updates to the mammographic breast density patient notification requirements
44 contained in this act. DHHS shall ensure that, as part of this educational campaign, relevant
45 information is provided to any North Carolina-based organization that includes obstetric and
46 gynecological practitioners as part of its membership.

47 **SECTION 6.** Except as otherwise provided, this act becomes effective October 1,
48 2023, and applies to insurance contracts issued, renewed, or amended on or after that date.