

As Introduced

132nd General Assembly

Regular Session

2017-2018

S. B. No. 121

Senator Eklund

Cosponsors: Senators Yuko, Schiavoni

A BILL

To amend sections 1751.62, 3923.52, and 3923.54 of
the Revised Code to include tomosynthesis as
part of required screening mammography benefits
under health insurance policies.

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

Section 1. That sections 1751.62, 3923.52, and 3923.54 of
the Revised Code be amended to read as follows:

Sec. 1751.62. (A) As used in this section:

(1) "Screening mammography" means a radiologic examination
utilized to detect unsuspected breast cancer at an early stage
in an asymptomatic woman and includes the x-ray examination of
the breast using equipment that is dedicated specifically for
mammography, including, but not limited to, tomosynthesis, the
x-ray tube, filter, compression device, screens, film, and
cassettes, and that has an average radiation exposure delivery
of less than one rad mid-breast. "Screening mammography"
includes two views for each breast. The term also includes the
professional interpretation of the film.

"Screening mammography" does not include diagnostic

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| mammography. | 19 |
| (2) "Medicare reimbursement rate" means the reimbursement | 20 |
| rate paid in Ohio under the medicare program for screening | 21 |
| mammography that does not include digitization or computer-aided | 22 |
| detection, regardless of whether the actual benefit includes | 23 |
| digitization or computer-aided detection. | 24 |
| (B) Every individual or group health insuring corporation | 25 |
| policy, contract, or agreement providing basic health care | 26 |
| services that is delivered, issued for delivery, or renewed in | 27 |
| this state shall provide benefits for the expenses of both of | 28 |
| the following: | 29 |
| (1) Screening mammography to detect the presence of breast | 30 |
| cancer in adult women; | 31 |
| (2) Cytologic screening for the presence of cervical | 32 |
| cancer. | 33 |
| (C) The benefits provided under division (B) (1) of this | 34 |
| section shall cover expenses in accordance with all of the | 35 |
| following: | 36 |
| (1) If a woman is at least thirty-five years of age but | 37 |
| under forty years of age, one screening mammography; | 38 |
| (2) If a woman is at least forty years of age but under | 39 |
| fifty years of age, either of the following: | 40 |
| (a) One screening mammography every two years; | 41 |
| (b) If a licensed physician has determined that the woman | 42 |
| has risk factors to breast cancer, one screening mammography | 43 |
| every year. | 44 |
| (3) If a woman is at least fifty years of age but under | 45 |

sixty-five years of age, one screening mammography every year. 46

(D) (1) Subject to divisions (D) (2) and (3) of this 47
section, if a provider, hospital, or other health care facility 48
provides a service that is a component of the screening 49
mammography benefit in division (B) (1) of this section and 50
submits a separate claim for that component, a separate payment 51
shall be made to the provider, hospital, or other health care 52
facility in an amount that corresponds to the ratio paid by 53
medicare in this state for that component. 54

(2) Regardless of whether separate payments are made for 55
the benefit provided under division (B) (1) of this section, the 56
total benefit for a screening mammography shall not exceed one 57
hundred thirty per cent of the medicare reimbursement rate in 58
this state for screening mammography. If there is more than one 59
medicare reimbursement rate in this state for screening 60
mammography or a component of a screening mammography, the 61
reimbursement limit shall be one hundred thirty per cent of the 62
lowest medicare reimbursement rate in this state. 63

(3) The benefit paid in accordance with division (D) (1) of 64
this section shall constitute full payment. No provider, 65
hospital, or other health care facility shall seek or receive 66
remuneration in excess of the payment made in accordance with 67
division (D) (1) of this section, except for approved deductibles 68
and copayments. 69

(E) The benefits provided under division (B) (1) of this 70
section shall be provided only for screening mammographies that 71
are performed in a health care facility or mobile mammography 72
screening unit that is accredited under the American college of 73
radiology mammography accreditation program or in a hospital as 74
defined in section 3727.01 of the Revised Code. 75

(F) The benefits provided under divisions (B) (1) and (2) 76
of this section shall be provided according to the terms of the 77
subscriber contract. 78

(G) The benefits provided under division (B) (2) of this 79
section shall be provided only for cytologic screenings that are 80
processed and interpreted in a laboratory certified by the 81
college of American pathologists or in a hospital as defined in 82
section 3727.01 of the Revised Code. 83

Sec. 3923.52. (A) As used in this section and section 84
3923.53 of the Revised Code, "screening mammography" means a 85
radiologic examination utilized to detect unsuspected breast 86
cancer at an early stage in asymptomatic women and includes the 87
x-ray examination of the breast using equipment that is 88
dedicated specifically for mammography, including, but not 89
limited to, tomosynthesis, the x-ray tube, filter, compression 90
device, screens, film, and cassettes, and that has an average 91
radiation exposure delivery of less than one rad mid-breast. 92
"Screening mammography" includes two views for each breast. The 93
term also includes the professional interpretation of the film. 94

"Screening mammography" does not include diagnostic 95
mammography. 96

(B) Every policy of individual or group sickness and 97
accident insurance that is delivered, issued for delivery, or 98
renewed in this state shall provide benefits for the expenses of 99
both of the following: 100

(1) Screening mammography to detect the presence of breast 101
cancer in adult women; 102

(2) Cytologic screening for the presence of cervical 103
cancer. 104

(C) The benefits provided under division (B)(1) of this section shall cover expenses in accordance with all of the following:

(1) If a woman is at least thirty-five years of age but under forty years of age, one screening mammography;

(2) If a woman is at least forty years of age but under fifty years of age, either of the following:

(a) One screening mammography every two years;

(b) If a licensed physician has determined that the woman has risk factors to breast cancer, one screening mammography every year.

(3) If a woman is at least fifty years of age but under sixty-five years of age, one screening mammography every year.

(D) As used in this division, "medicare reimbursement rate" means the reimbursement rate paid in this state under the medicare program for screening mammography that does not include digitization or computer-aided detection, regardless of whether the actual benefit includes digitization or computer-aided detection.

(1) Subject to divisions (D)(2) and (3) of this section, if a provider, hospital, or other health care facility provides a service that is a component of the screening mammography benefit in division (B)(1) of this section and submits a separate claim for that component, a separate payment shall be made to the provider, hospital, or other health care facility in an amount that corresponds to the ratio paid by medicare in this state for that component.

(2) Regardless of whether separate payments are made for

the benefit provided under division (B)(1) of this section, the 133
total benefit for a screening mammography shall not exceed one 134
hundred thirty per cent of the medicare reimbursement rate in 135
this state for screening mammography. If there is more than one 136
medicare reimbursement rate in this state for screening 137
mammography or a component of a screening mammography, the 138
reimbursement limit shall be one hundred thirty per cent of the 139
lowest medicare reimbursement rate in this state. 140

(3) The benefit paid in accordance with division (D)(1) of 141
this section shall constitute full payment. No provider, 142
hospital, or other health care facility shall seek or receive 143
compensation in excess of the payment made in accordance with 144
division (D)(1) of this section, except for approved deductibles 145
and copayments. 146

(E) The benefits provided under division (B)(1) of this 147
section shall be provided only for screening mammographies that 148
are performed in a facility or mobile mammography screening unit 149
that is accredited under the American college of radiology 150
mammography accreditation program or in a hospital as defined in 151
section 3727.01 of the Revised Code. 152

(F) The benefits provided under division (B)(2) of this 153
section shall be provided only for cytologic screenings that are 154
processed and interpreted in a laboratory certified by the 155
college of American pathologists or in a hospital as defined in 156
section 3727.01 of the Revised Code. 157

(G) This section does not apply to any policy that 158
provides coverage for specific diseases or accidents only, or to 159
any hospital indemnity, medicare supplement, or other policy 160
that offers only supplemental benefits. 161

Sec. 3923.54. (A) As used in this section, "screening mammography" means a radiologic examination utilized to detect unsuspected breast cancer at an early stage in asymptomatic women and includes the x-ray examination of the breast using equipment that is dedicated specifically for mammography including, but not limited to, tomosynthesis, the x-ray tube, filter, compression device, screens, film, and cassettes, and that has an average radiation exposure delivery of less than one rad mid-breast. "Screening mammography" includes two views for each breast. The term also includes the professional interpretation of the film.

"Screening mammography" does not include diagnostic mammography.

(B) Each employer in this state that provides, in whole or in part, health care benefits for its employees under a policy of sickness and accident insurance issued in accordance with Chapter 3923. of the Revised Code shall also provide to its employees benefits for the expenses of both of the following:

(1) Screening mammography to detect the presence of breast cancer in adult women;

(2) Cytologic screening for the presence of cervical cancer.

(C) An employer may comply with division (B) of this section in any of the following ways:

(1) By providing the benefits under a health insuring corporation contract issued in accordance with Chapter 1751. of the Revised Code or a policy of sickness and accident insurance issued in accordance with Chapter 3923. of the Revised Code;

(2) By reimbursing the employee for the direct health care

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| provider charges associated with receipt of the covered service; | 191 |
| (3) By making any other arrangement that provides the | 192 |
| benefits described in division (B) of this section. | 193 |
| (D) The benefits provided under division (B)(1) of this | 194 |
| section shall cover expenses in accordance with all of the | 195 |
| following: | 196 |
| (1) If a woman is at least thirty-five years of age but | 197 |
| under forty years of age, one screening mammography; | 198 |
| (2) If a woman is at least forty years of age but under | 199 |
| fifty years of age, either of the following: | 200 |
| (a) One screening mammography every two years; | 201 |
| (b) If a licensed physician has determined that the woman | 202 |
| has risk factors to breast cancer, one screening mammography | 203 |
| every year. | 204 |
| (3) If a woman is at least fifty years of age but under | 205 |
| sixty-five years of age, one screening mammography every year. | 206 |
| (E) As used in this division, "medicare reimbursement | 207 |
| rate" means the reimbursement rate paid in this state under the | 208 |
| medicare program for screening mammography that does not include | 209 |
| digitization or computer-aided detection, regardless of whether | 210 |
| the actual benefit includes digitization or computer-aided | 211 |
| detection. | 212 |
| (1) Subject to divisions (E)(2) and (3) of this section, | 213 |
| if a provider, hospital, or other health care facility provides | 214 |
| a service that is a component of the screening mammography | 215 |
| benefit in division (B)(1) of this section and submits a | 216 |
| separate claim for that component, a separate payment shall be | 217 |
| made to the provider, hospital, or other health care facility in | 218 |

an amount that corresponds to the ratio paid by medicare in this 219
state for that component. 220

(2) Regardless of whether separate payments are made for 221
the benefit provided under division (B)(1) of this section, the 222
total benefit for a screening mammography need not exceed one 223
hundred thirty per cent of the medicare reimbursement rate in 224
this state for screening mammography. If there is more than one 225
medicare reimbursement rate in this state for screening 226
mammography or a component of a screening mammography, the 227
reimbursement limit shall be one hundred thirty per cent of the 228
lowest medicare reimbursement rate in this state. 229

(3) The benefit paid in accordance with division (E)(1) of 230
this section shall constitute full payment. No provider, 231
hospital, or other health care facility shall seek or receive 232
compensation in excess of the payment made in accordance with 233
division (E)(1) of this section, except for approved deductibles 234
and copayments. 235

(F) The benefits provided under division (B)(1) of this 236
section shall be provided only for screening mammographies that 237
are performed in a facility or mobile mammography screening unit 238
that is accredited under the American college of radiology 239
mammography accreditation program or in a hospital as defined in 240
section 3727.01 of the Revised Code. 241

(G) The benefits provided under division (B)(2) of this 242
section shall be provided only for cytologic screenings that are 243
processed and interpreted in a laboratory certified by the 244
college of American pathologists or in a hospital as defined in 245
section 3727.01 of the Revised Code. 246

Section 2. That existing sections 1751.62, 3923.52, and 247

3923.54 of the Revised Code are hereby repealed.

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