HOUSE AMENDED

## THE GENERAL ASSEMBLY OF PENNSYLVANIA

## SENATE BILL No. 595 Session of 2019

INTRODUCED BY MENSCH, SCAVELLO, LAUGHLIN, KILLION, PHILLIPS-HILL, VOGEL, K. WARD, YAW, STREET, BOSCOLA, BREWSTER, FARNESE, TARTAGLIONE, COSTA, HUGHES, SANTARSIERO, SCHWANK, FONTANA, HAYWOOD, BLAKE, LEACH, L. WILLIAMS, MUTH, COLLETT, IOVINO, KEARNEY, DINNIMAN, AUMENT, BAKER, J. WARD, TOMLINSON, BARTOLOTTA, REGAN, STEFANO, BROOKS, BROWNE, YUDICHAK, SABATINA, DISANTO, ARGALL, A. WILLIAMS, MARTIN, HUTCHINSON, MASTRIANO AND LANGERHOLC, SEPTEMBER 23, 2019

AS REPORTED FROM COMMITTEE ON INSURANCE, HOUSE OF REPRESENTATIVES, AS AMENDED, MAY 28, 2020

## AN ACT

1	Amending the act of May 1/, 1921 (P.L.682, No.284), entitled "An
2	act relating to insurance; amending, revising, and
3	consolidating the law providing for the incorporation of
4	insurance companies, and the regulation, supervision, and
5	protection of home and foreign insurance companies, Lloyds
6	associations, reciprocal and inter-insurance exchanges, and
7	fire insurance rating bureaus, and the regulation and
8	supervision of insurance carried by such companies,
9	associations, and exchanges, including insurance carried by
10	the State Workmen's Insurance Fund; providing penalties; and
11	repealing existing laws," in casualty insurance, further
12	providing for coverage for mammographic examinations.
13	The General Assembly of the Commonwealth of Pennsylvania
14	hereby enacts as follows:
15	Section 1. Section 632 of the act of May 17, 1921 (P.L.682,
16	No.284), known as The Insurance Company Law of 1921, is amended
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17	to read:
18	Section 632. Coverage for Mammographic Examinations <u>and</u>
19	Diagnostic Breast Imaging(a) All group or individual health
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or sickness or accident insurance policies providing hospital or 1 2 medical/surgical coverage and all group or individual subscriber 3 contracts or certificates issued by any entity subject to 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations) or 63 4 (relating to professional health services plan corporations), 5 this act, the act of December 29, 1972 (P.L.1701, No.364), known 6 7 as the "Health Maintenance Organization Act," the act of July 8 29, 1977 (P.L.105, No.38), known as the "Fraternal Benefit 9 Society Code," or an employe welfare benefit plan as defined in 10 section 3 of the Employee Retirement Income Security Act of 1974 (Public Law 93-406, 29 U.S.C. § 1001 et seq.) providing hospital 11 12 or medical/surgical coverage shall also provide coverage for 13 mammographic examinations. The minimum coverage required shall 14 include all costs associated with a mammogram every year for women 40 years of age or older [and], with any mammogram based 15 16 on a physician's recommendation for women under 40 years of age. <-and supplemental magnetic resonance imaging or, if such imaging <--17 18 is not possible, ultrasound if recommended by the treating physician because the woman is believed to be at an increased 19 20 risk for breast cancer due to: 21 (1) personal history of atypical breast histologies; (2) personal or family history or genetic predisposition for 22 23 breast cancer; 24 (3) prior therapeutic thoracic radiation therapy; 25 (4) heterogeneously dense breast tissue based on breast composition categories of the Breast Imaging and Reporting Data 26 System established by the American College of Radiology with any 27 28 one of the following risk factors: 29 (i) lifetime risk of breast cancer of greater than 20% 30 according to risk assessment tools based on family history;

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1	(ii) personal history of BRCA1 or BRCA2 gene mutations;
2	(iii) first-degree relative with a BRCA1 or BRCA2 gene
3	mutation but not having had genetic testing themselves;
4	(iv) prior therapeutic thoracic radiation therapy between 10
5	and 30 years of age; or
6	(v) personal history of Li-Fraumeni syndrome, Cowden
7	<u>syndrome or Bannayan-Riley-Ruvalcaba syndrome or a first-degree</u>
8	relative with one of these syndromes; or
9	(5) extremely dense breast tissue based on breast
10	composition categories of the Breast Imaging and Reporting Data
11	System established by the American College of Radiology.
12	Prior to payment for a screening mammogram, insurers shall
13	verify that the screening mammography service provider is
14	properly licensed by the department in accordance with the act
15	of July 9, 1992 (P.L.449, No.93), known as the "Mammography
16	Quality Assurance Act." Nothing in this section shall be
17	construed to require an insurer to cover the surgical procedure
18	known as mastectomy or to prevent application of deductible or
19	copayment provisions contained in the policy or plan <u>except as</u>
20	preempted by Federal Law.
21	(B) A GROUP OR INDIVIDUAL HEALTH OR SICKNESS OR ACCIDENT <
22	INSURANCE POLICY PROVIDING HOSPITAL OR MEDICAL/SURGICAL COVERAGE
23	AND A GROUP OR INDIVIDUAL SUBSCRIBER CONTRACT OR CERTIFICATE
24	ISSUED BY ANY ENTITY SUBJECT TO 40 PA.C.S. CH. 61 OR 63, THIS
25	ACT, THE "HEALTH MAINTENANCE ORGANIZATION ACT," THE "FRATERNAL
26	BENEFIT SOCIETY CODE" OR AN EMPLOYE WELFARE BENEFIT PLAN AS
27	DEFINED IN SECTION 3 OF THE EMPLOYEE RETIREMENT INCOME SECURITY
28	ACT OF 1974) PROVIDING HOSPITAL OR MEDICAL/SURGICAL COVERAGE
29	SHALL ALSO PROVIDE COVERAGE FOR BREAST IMAGING. THE MINIMUM
30	COVERAGE REQUIRED SHALL INCLUDE SUPPLEMENTAL MAGNETIC RESONANCE
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1	IMAGING OR, IF SUCH IMAGING IS NOT POSSIBLE, ULTRASOUND IF
2	RECOMMENDED BY THE TREATING PHYSICIAN BECAUSE THE WOMAN IS
3	BELIEVED TO BE AT AN INCREASED RISK OF BREAST CANCER DUE TO:
4	(1) PERSONAL HISTORY OF ATYPICAL BREAST HISTOLOGIES;
5	(2) PERSONAL HISTORY OR FAMILY HISTORY OF BREAST CANCER;
6	(3) GENETIC PREDISPOSITION FOR BREAST CANCER;
7	(4) PRIOR THERAPEUTIC THORACIC RADIATION THERAPY;
8	(5) HETEROGENEOUSLY DENSE BREAST TISSUE BASED ON BREAST
9	COMPOSITION CATEGORIES OF THE BREAST IMAGING AND REPORTING DATA
10	SYSTEM ESTABLISHED BY THE AMERICAN COLLEGE OF RADIOLOGY WITH ANY
11	ONE OF THE FOLLOWING RISK FACTORS:
12	(I) LIFETIME RISK OF BREAST CANCER OF GREATER THAN 20%,
13	ACCORDING TO RISK ASSESSMENT TOOLS BASED ON FAMILY HISTORY;
14	(II) PERSONAL HISTORY OF BRCA1 OR BRCA2 GENE MUTATIONS;
15	(III) FIRST-DEGREE RELATIVE WITH A BRCA1 OR BRCA2 GENE
16	MUTATION BUT NOT HAVING HAD GENETIC TESTING HERSELF;
17	(IV) PRIOR THERAPEUTIC THORACIC RADIATION THERAPY BETWEEN 10
18	<u>and 30 years of age; or</u>
19	(V) PERSONAL HISTORY OF LI-FRAUMENI SYNDROME, COWDEN
20	SYNDROME OR BANNAYAN-RILEY-RUVALCABA SYNDROME OR A FIRST-DEGREE
21	RELATIVE WITH ONE OF THESE SYNDROMES.
22	(6) EXTREMELY DENSE BREAST TISSUE BASED ON BREAST
23	COMPOSITION CATEGORIES OF THE BREAST IMAGING AND REPORTING DATA
24	SYSTEM ESTABLISHED BY THE AMERICAN COLLEGE OF RADIOLOGY. NOTHING
25	IN THIS SUBSECTION SHALL BE CONSTRUED TO REQUIRE AN INSURER TO
26	COVER THE SURGICAL PROCEDURE KNOWN AS MASTECTOMY OR TO PREVENT
27	THE APPLICATION OF DEDUCTIBLE, COPAYMENT OR COINSURANCE
28	PROVISIONS CONTAINED IN THE POLICY OR PLAN.
29	(b) (C) This section shall not apply to the following types <
30	<u>of policies:</u>

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1	(1) Accident only.
2	(2) Limited benefit.
3	(3) Credit.
4	(4) Dental.
5	(5) Vision.
6	(6) Specified disease.
7	(7) Medicare supplement.
8	(8) Civilian Health and Medical Program of the Uniformed
9	Services (CHAMPUS) supplement.
10	(9) Long-term care or disability income.
11	(10) Workers' compensation.
12	(11) Automobile medical payment.
13	(12) Fixed indemnity.
14	(13) Hospital indemnity.
15	Section 2. This act shall apply as follows:
16	(1) For health insurance policies for which either rates
17	or forms are required to be filed with the Federal Government
18	or the Insurance Department, this act shall apply to any
19	policy for which a form or rate is first filed on or after
20	the effective date of this section.
21	(2) For health insurance policies for which neither
22	rates nor forms are required to be filed with the Federal
23	Government or the Insurance Department, this act shall apply
24	to any policy issued or renewed on or after 180 days after
25	the effective date of this section.
26	Section 3. This act shall take effect in 60 days.

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