



State of Tennessee

PUBLIC CHAPTER NO. 1068

HOUSE BILL NO. 2544

By Representatives Alexander, Helton, Rudder, Littleton, Carringer, Smith, Crawford, Moody, Holsclaw, Gary Hicks, Hawk, Hodges, Moon, Vaughan, Hulsey, Gillespie, Keisling, Ragan, Sherrell, Mannis, Whitson, Warner, Vital, Todd, Zachary, Lamberth, Boyd, Bricken, Powers, Garrett, Hazlewood, Halford, Marsh, Curtis Johnson, Windle, Tim Hicks, Powell, Beck, Jernigan, Gloria Johnson, Thompson, Hardaway, Wright, Russell, Kumar, Ogles, Miller, Weaver, Cepicky, Hakeem, Williams, Clemmons, Terry, Farmer

Substituted for: Senate Bill No. 2771

By Senators Massey, Haile, Kyle, Bowling, White, Akbari, Campbell, Crowe, Gardenhire, Jackson, Lamar, Niceley, Yarbro

AN ACT to amend Tennessee Code Annotated, Title 56, Chapter 7, relative to coverage for breast examinations.

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

SECTION 1. Tennessee Code Annotated, Section 56-7-2502, is amended by deleting the section and substituting:

(a) As used in this section:

(1) "Breast tomosynthesis" means a radiologic mammography procedure that involves the acquisition of projection images over a stationary breast to produce cross-sectional digital three-dimensional images of the breast from which applicable breast cancer screening diagnoses may be determined;

(2) "Diagnostic imaging" means an imaging examination using mammography, ultrasound imaging, or magnetic resonance imaging that is designed to evaluate:

(A) A subjective or objective abnormality detected by a physician or patient in a breast;

(B) An abnormality seen by a physician on a screening mammogram; or

(C) An abnormality previously identified by a physician as likely benign in a breast for which follow-up imaging is recommended by a physician;

(3) "Health benefit plan":

(A) Means a hospital or medical expense policy; health, hospital, or medical service corporation contract; policy or agreement entered into by a health insurer; or health maintenance organization contract offered by an employer; and

(B) Does not include policies or certificates covering only accident, credit, dental, disability income, long-term care, hospital indemnity, medicare supplement as defined in § 1882(g)(1) of the Social Security Act (42 U.S.C. § 1395ss(g)(1)), specified disease, or vision care; other limited benefit health insurance; coverage issued as a supplement to liability insurance; workers' compensation insurance; automobile medical payment insurance; or insurance that is statutorily required to be contained in any liability insurance policy or equivalent self insurance;

(4) "Low-dose mammography" means:

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(A) An x-ray examination of the breast using equipment dedicated specifically for mammography, including an x-ray tube, filter, compression device, and screen, with an average radiation exposure delivery of less than one (1) rad per mid-breast and with two (2) views for each breast;

(B) Digital mammography; or

(C) Breast tomosynthesis; and

(5) "Supplemental breast screening" means a medically necessary and appropriate examination of the breast, including breast magnetic resonance imaging or breast ultrasound that is:

(A) Used to screen for breast cancer when there is no abnormality seen or suspected; and

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

(b) A health benefit plan that provides coverage for imaging services for screening mammography must provide coverage to a patient for low-dose mammography according to the following guidelines:

(1) A baseline mammogram for a woman thirty-five (35) to forty (40) years of age;

(2) A yearly mammogram for a woman thirty-five (35) to forty (40) years of age if the woman is at high risk based upon personal family medical history, dense breast tissue, or additional factors that may increase the individual's risk of breast cancer; and

(3) A yearly mammogram for a woman forty (40) years of age or older based on the recommendation of the woman's physician licensed under title 63, chapters 6 or 9.

(c) A health benefit plan that provides coverage for a screening mammogram must provide coverage for diagnostic imaging and supplemental breast screening.

SECTION 2. This act takes effect upon becoming a law, the public welfare requiring it.

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PASSED: April 27, 2022



CAMERON SEXTON, SPEAKER
HOUSE OF REPRESENTATIVES



RANDY MCNALL
SPEAKER OF THE SENATE

APPROVED this 25th day of May 2022



BILL LEE, GOVERNOR