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H.621

Introduced by Representatives Sibia of Dover, Carpenter of Hyde Park,
Anthony of Barre City, Arsenault of Williston, Berbeco of
Winooski, Boyden of Cambridge, Christie of Hartford, Cole of
Hartford, Demrow of Corinth, Dodge of Essex, Elder of
Starksboro, Farlice-Rubio of Barnet, Garofano of Essex,
Goldman of Rockingham, Hango of Berkshire, Harrison of
Chittenden, Headrick of Burlington, Howard of Rutland City,
Hyman of South Burlington, Krasnow of South Burlington,
Leavitt of Grand Isle, Logan of Burlington, McGill of Bridport,
Mrowicki of Putney, Mulvaney-Stanak of Burlington, Page of
Newport City, Pajala of Londonderry, Priestley of Bradford,
Sims of Craftsbury, Stone of Burlington, and Whitman of
Bennington

Referred to Committee on

Date:

Subject: Health; health insurance; diagnostic imaging; breast imaging

Statement of purpose of bill as introduced: This bill proposes to require health
insurance plans to cover diagnostic breast imaging services without cost-
sharing.

1 An act relating to health insurance coverage for diagnostic breast imaging

2 It is hereby enacted by the General Assembly of the State of Vermont:

3 ~~Sec. 1, 8 V.S.A. § 4100a is amended to read:~~

4 § 4100a. MAMMOGRAMS AND OTHER BREAST IMAGING

5 SERVICES; COVERAGE REQUIRED

6 (a)(1) Insurers shall provide coverage for screening by mammography and
7 for other breast imaging services upon recommendation of a health care
8 provider as needed to detect the presence of breast cancer and other
9 abnormalities of the breast or breast tissue. In addition, insurers shall provide
10 coverage for screening by ultrasound for a patient for whom the results of a
11 screening mammogram were inconclusive or who has dense breast tissue, or
12 both.

13 (2) Benefits provided shall cover the full cost of the mammography
14 ~~service or ultrasound, as applicable,~~ and other breast imaging services and
15 shall not be subject to any co-payment, deductible, coinsurance, or other cost-
16 sharing requirement or additional charge, except to the extent that such
17 coverage would disqualify a high-deductible health plan from eligibility for a
18 health savings account pursuant to 26 U.S.C. § 223.

19 (b) [Repealed.]

20 (c) This section shall apply only to screening procedures conducted by test
21 ~~facilities accredited by the American College of Radiologists.~~

1 ~~(d) As used in this subchapter:~~

2 (1) “Insurer” means any insurance company that provides health
3 insurance as defined in subdivision 3301(a)(2) of this title, nonprofit hospital
4 and medical service corporations, and health maintenance organizations. The
5 term does not apply to coverage for specified diseases or other limited benefit
6 coverage.

7 (2) “Mammography” means the x-ray examination of the breast using
8 equipment dedicated specifically for mammography, including the x-ray tube,
9 filter, compression device, and digital detector. The term includes breast
10 tomosynthesis.

11 (3) “Other breast imaging services” includes diagnostic mammography,
12 ultrasound, magnetic resonance imaging, and other imaging services and
13 technologies that enable health care providers to detect the presence or absence
14 of breast cancer and other abnormalities affecting the breast or breast tissue.

15 (4) “Screening” includes the mammography or ultrasound test
16 procedure and a qualified physician’s interpretation of the results of the
17 procedure, including additional views and interpretation as needed.

18 Sec. 2. EFFECTIVE DATE

19 This act shall take effect on January 1, 2025 and shall apply to all health
20 insurance plans issued on and after January 1, 2025 on such date as a health

1 ~~insurer offers, issues, or renews the health insurance plan, but in no event later~~
2 ~~than January 1, 2026.~~

Sec. 1. 8 V.S.A. § 4100a is amended to read:

§ 4100a. MAMMOGRAMS AND OTHER BREAST IMAGING

SERVICES; COVERAGE REQUIRED

(a)(1) Insurers shall provide coverage for screening by mammography and for other medically necessary breast imaging services upon recommendation of a health care provider as needed to detect the presence of breast cancer and other abnormalities of the breast or breast tissue. In addition, insurers shall provide coverage for screening by ultrasound or another appropriate imaging service for a patient for whom the results of a screening mammogram were inconclusive or who has dense breast tissue, or both.

(2) Benefits provided shall cover the full cost of the mammography, service or ultrasound, as applicable, and other breast imaging services and shall not be subject to any co-payment, deductible, coinsurance, or other cost-sharing requirement or additional charge, except to the extent that such coverage would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to 26 U.S.C. § 223.

(b) [Repealed.]

(c) This section shall apply only to screening procedures conducted by test facilities accredited by the American College of Radiologists.

(d) As used in this subchapter:

(1) “Insurer” means any insurance company that provides health insurance as defined in subdivision 3301(a)(2) of this title, nonprofit hospital and medical service corporations, and health maintenance organizations. The term does not apply to coverage for specified diseases or other limited benefit coverage.

(2) “Mammography” means the x-ray examination of the breast using equipment dedicated specifically for mammography, including the x-ray tube, filter, compression device, and digital detector. The term includes breast tomosynthesis.

(3) “Other breast imaging services” means diagnostic mammography, ultrasound, and magnetic resonance imaging services that enable health care providers to detect the presence or absence of breast cancer and other abnormalities affecting the breast or breast tissue.

(4) “Screening” includes the mammography or ultrasound test procedure and a qualified physician’s interpretation of the results of the procedure, including additional views and interpretation as needed.

Sec. 2. EFFECTIVE DATE

This act shall take effect on January 1, 2026 and shall apply to all health insurance plans issued on and after January 1, 2026 on such date as a health

insurer offers, issues, or renews the health insurance plan, but in no event later than January 1, 2027.