



# HOUSE BILL 560: Diagnostic Imaging Parity.

This Bill Analysis reflects the contents of the bill as it was presented in committee.

2023-2024 General Assembly

<b>Committee:</b>	House Health. If favorable, re-refer to Insurance. If favorable, re-refer to Rules, Calendar, and Operations of the House	<b>Date:</b>	April 24, 2023
<b>Introduced by:</b>	Reps. Belk, Carney, White, Lambeth	<b>Prepared by:</b>	Theresa Matula
<b>Analysis of:</b>	PCS to First Edition H560-CSSH-20		Legislative Analyst

**OVERVIEW:** House Bill 560 would require health benefit plans to cover diagnostic or supplemental exams for breast cancer to be covered on the same cost sharing terms as low dose screening mammography. The PCS adds a definition for "screening examination for breast cancer."

**CURRENT LAW:** Current law, and G.S. 58-3-271(b) of the bill, requires health benefit plans to provide coverage for low-dose screening mammography.

**BILL ANALYSIS:** Section 1 of House Bill 560 recodifies (G.S. 58-51-57 to G.S. 58-3-271), repeals (G.S. 58-65-92 and G.S. 58-67-76), and amends insurance laws related to coverage for mammograms and cervical cancer. Section 2 of the bill provides a number of definitions and requires (G.S. 58-3-271(c)) every health benefit plan offered by an insurer that provides benefits for a diagnostic or supplemental examination for breast cancer to ensure that the cost-sharing requirements applicable to a diagnostic or supplemental examination of breast cancer are no less favorable than the cost-sharing requirements applicable to a screening examination for breast cancer. The following are applicable definitions:

- *Screening examination for breast cancer.* – Low-dose mammography, or an equivalent procedure, that is used to determine if there is abnormality in the breast.
- *Diagnostic examination for breast cancer.* – An examination for breast cancer that is determined by the health care 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.
- *Supplemental examination for breast cancer.* – An examination for breast cancer that is determined by the health care provider treating the patient to be medically necessary and appropriate and that may include breast magnetic resonance imaging or breast ultrasound to screen for cancer if the patient meets either of the following criteria: a) The patient is at increased risk for breast cancer based on the patient's personal or family medical history of breast cancer. b) The patient has heterogeneously or extremely dense breast tissue as defined by the Breast Imaging Reporting and Data System established by the American College of Radiology.
- *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.

Section 3 of the bill makes the provisions of the bill applicable to the State Health Plan.

**EFFECTIVE DATE:** House Bill 560 would become effective October 1, 2023, and apply to insurance contracts issued, renewed, or amended on or after that date.

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