



HOUSE BILL 560: Diagnostic Imaging Parity.

2023-2024 General Assembly

Committee:	House Rules, Calendar, and Operations of the House	Date:	May 2, 2023
Introduced by:	Reps. Belk, Carney, White, Lambeth	Prepared by:	Kristen L. Harris*
Analysis of:	Third Edition		Staff Attorney

OVERVIEW: *House Bill 560 would require health benefit plans to cover diagnostic or supplemental exams for breast cancer on the same cost-sharing terms as low-dose screening mammography.*

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 *low-dose screening mammography*. 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 medical history 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.
- *Low-dose mammography.* – A radiologic procedure for the early detection of breast cancer using equipment dedicated specifically for mammography, including a physician's interpretation of the results of the procedure.

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

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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.

**Theresa Matula, Legislative Analysis Division, substantially contributed to this summary.*