



HOUSE BILL 297: Breast Cancer Prevention Imaging Parity.

2025-2026 General Assembly

Committee:	House Insurance. If favorable, re-refer to Rules, Calendar, and Operations of the House	Date:	April 2, 2025
Introduced by:	Reps. Belk, Carney, White, Lambeth	Prepared by:	Kristen L. Harris*
Analysis of:	PCS to First Edition H297-CSTU-4		Committee Co-Counsel

OVERVIEW: *The PCS to House Bill 297 would require insurers who provide coverage for diagnostic or supplemental breast cancer exams to provide that coverage on terms as favorable as the terms for low-dose mammography. All breast cancer exams would be reimbursed at the in-network rate, and out-of-network healthcare providers would be prohibited from charging more than that rate.*

[Specifically, the PCS would amend to the definition of "supplemental examination for breast cancer," require coverage for the screening for the early detection of cervical cancer to follow the guidelines of the American College of Obstetricians and Gynecologists, and make technical corrections.]

CURRENT LAW: Currently, separate statutes require health and accident insurance, hospital and medical service plans, and health maintenance organizations to provide coverage for the screening and early detection of cervical cancer and low-dose mammography on the same terms as other similar services.

BILL ANALYSIS:

Part I would consolidate the separate sections of the General Statutes requiring coverage for mammograms and cervical cancer screenings by accident and health insurance, hospital and medical service plans, and health maintenance organizations into a new section that would apply universally to all health benefit plans.

The new section would add definitions for "breast magnetic resonance imaging," "breast ultrasound," "cost-sharing," "diagnostic exam for breast cancer," "high-deductible plan," "low-dose mammography," "screening examination for breast cancer," "Section 223," and "supplemental examination for breast cancer."

In addition to keeping the current requirements for coverage of cervical cancer screening and low-dose mammography, it would also require every health benefit plan that provides coverage for diagnostic or supplemental breast cancer exams to ensure the cost sharing requirements for those procedures are no less favorable than those for low-dose mammography. Insurers would not be required to reimburse out-of-network healthcare providers more than the in-network reimbursement rate for diagnostic breast cancer exams, low-dose mammography, breast ultrasounds, or breast MRIs. These provisions would also apply to the State Health Plan and would not apply to the extent they would make an insured ineligible for a health savings account.

Part II would require healthcare providers who are not in-network providers for an insurer to accept the insurer's in-network reimbursement rates, including the cost-sharing paid by the patient, as full payment for breast cancer prevention services.

Kara McCraw
Director



Legislative Analysis
Division
919-733-2578

House 297 PCS

Page 2

EFFECTIVE DATE: The bill would become effective October 1, 2025. Part I would apply to contracts issued, renewed, or amended on or after that date. Part II would apply to healthcare services provided on or after that date.

**Jason Moran-Bates, Legislative Analysis Division, substantially contributed to this summary.*