LEGISLATIVE BILL 1353

Introduced by Vargas, 7; Bosn, 25; Wishart, 27.

Read first time January 17, 2024

Committee: Banking, Commerce and Insurance

A BILL FOR AN ACT relating to insurance; to amend section 44-785, Revised Statutes Supplement, 2023; to change provisions relating to coverage for screening mammography and breast examinations; to provide an operative date; and to repeal the original section.

Be it enacted by the people of the State of Nebraska,
Section 1. Section 44-785, Revised Statutes Supplement, 2023, is amended to read:

44-785 (1) Notwithstanding section 44-3,131, (a) any individual or group sickness and accident insurance policy or subscriber contract delivered, issued for delivery, or renewed in this state and any hospital, medical, or surgical expense-incurred policy, except for policies that provide coverage for a specified disease or other limited-benefit coverage, and (b) any self-funded employee benefit plan to the extent not preempted by federal law shall include coverage for screening mammography, contrast-enhanced mammography, digital breast tomosynthesis, bilateral whole breast ultrasound, and diagnostic magnetic resonance imaging as follows:

(i) For a woman who is thirty-five years of age or older but younger than forty years of age, one base-line mammogram between thirty-five and forty years of age;

(ii) For a woman who is younger than forty years of age and who, based on the National Comprehensive Cancer Network Guidelines for Breast Cancer Screening and Diagnosis version 1.2022 and the recommendation of the woman's health care provider, has an increased risk of breast cancer due to (A) a family or personal history of breast cancer or prior atypical breast biopsy, (B) positive genetic testing, or (C) heterogeneous or dense breast tissue based on a breast imaging, at least one mammogram each year and additional mammograms if necessary;

(iii) For a woman who is forty years of age or older, at least one mammogram each year and additional mammograms if necessary;

(iv) For a woman who, based on the National Comprehensive Cancer Network Guidelines for Breast Cancer Screening and Diagnosis version 1.2022 and the recommendation of the woman's health care provider, has an increased risk for breast cancer due to (A) a family or personal history of breast cancer or prior atypical breast biopsy, (B) positive genetic testing, or (C) heterogeneous or dense breast tissue based on a breast imaging, at least one mammogram each year and additional mammograms if necessary;
imaging, at least one digital breast tomosynthesis each year and additional digital breast tomosynthesis if necessary;

(v) For a woman who, based on the National Comprehensive Cancer Network Guidelines for Breast Cancer Screening and Diagnosis version 1-2022 and the recommendation of the woman's health care provider, has an increased risk for breast cancer due to (A) a family or personal history of breast cancer or prior atypical breast biopsy, (B) positive genetic testing, or (C) heterogeneous or dense breast tissue based on a breast imaging, at least one bilateral whole breast ultrasound each year and additional bilateral whole breast ultrasounds if necessary;

(vi) For a woman who, based on the National Comprehensive Cancer Network Guidelines for Breast Cancer Screening and Diagnosis version 1-2022 and the recommendation of the woman's health care provider, has an increased risk for breast cancer due to (A) a family or personal history of breast cancer or prior atypical breast biopsy, (B) positive genetic testing, or (C) a history of chest radiation, at least one diagnostic magnetic resonance imaging each year and additional diagnostic magnetic resonance imaging if necessary; and

(vii) For a woman who, based on national standard risk models or the National Comprehensive Cancer Network Guidelines for Breast Cancer Screening and Diagnosis, has an increased risk of breast cancer and heterogeneous or dense breast tissue, at least one diagnostic magnetic resonance imaging each year and additional diagnostic magnetic resonance imaging if necessary; and

(viii) For a woman with an abnormality seen or suspected from a screening mammography or other breast examination covered under such policy, contract, or plan, additional diagnostic breast examinations as may be necessary.

(2)(a) Except as provided in subdivision (b) of this subsection, this section prohibits the application of deductible, coinsurance, copayment, or other cost-sharing requirements contained in the policy or
health benefit plan for such services.

(b) If the prohibition described in subdivision (a) of this subsection would result in health savings account ineligibility under section 223 of the Internal Revenue Code, such prohibition shall apply only after the enrollee has satisfied the minimum deductible under section 223 of the code, except that for items or services that are preventive care pursuant to section 223(c)(2)(C) of the code, such prohibition shall apply regardless of whether the minimum deductible under section 223 of the code has been satisfied. This section does not prevent application of deductible or copayment provisions contained in the policy or health benefit plan for diagnostic magnetic resonance imaging for a woman based on heterogeneous or dense breast tissue.

(c) This section does not require that coverage under an individual or group policy or health benefit plan be extended to any other procedures. The coverage provided by this section shall not be less favorable than for other radiological examinations.

(3) For purposes of this section:

(a) Diagnostic breast examination means a medically necessary and appropriate examination of the breast, including such an examination using breast magnetic resonance imaging or breast ultrasound, that is:

(i) Used to evaluate an abnormality seen or suspected from a screening examination for breast cancer; or

(ii) Used to evaluate an abnormality detected by another means of examination; and

(b) Screening mammography means a shall mean radiological examination of the breast of asymptomatic women for the early detection of breast cancer, which examination shall include (a) a cranio-caudal and a medial lateral oblique view of each breast and (b) a licensed radiologist's interpretation of the results of the procedure. Screening mammography shall not include diagnostic mammography, additional projections required for lesion definition, breast ultrasound, or any
breast interventional procedure. Screening mammography shall be performed by a mammogram supplier who meets the standards of the federal Mammography Quality Standards Act of 1992.

Sec. 2. This act becomes operative on January 1, 2025.

Sec. 3. Original section 44-785, Revised Statutes Supplement, 2023, is repealed.