

FIRST REGULAR SESSION

HOUSE BILL NO. 910

102ND GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE PETERS.

2037H.011

DANA RADEMAN MILLER, Chief Clerk

AN ACT

To repeal section 376.782, RSMo, and to enact in lieu thereof two new sections relating to access to mammograms.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Section 376.782, RSMo, is repealed and two new sections enacted in lieu thereof, to be known as sections 192.775 and 376.782, to read as follows:

192.775. A mammography facility certified by the United States Food and Drug Administration (FDA) or by a certification agency approved by the FDA shall not require any person to obtain a referral from a primary care provider or other physician in order to receive a screening mammogram at the facility if providing the mammogram for the person is consistent with the recommendations in the most current breast cancer screening guidelines established by the United States Preventive Services Task Force.

376.782. 1. As used in this section, the term "low-dose mammography screening" means the X-ray examination of the breast using equipment specifically designed and dedicated for mammography, including the X-ray tube, filter, compression device, detector, films, and cassettes, with an average radiation exposure delivery of less than one rad mid-breast, with two views for each breast, and any fee charged by a radiologist or other physician for reading, interpreting or diagnosing based on such X-ray. As used in this section, the term "low-dose mammography screening" shall also include digital mammography and breast tomosynthesis. As used in this section, the term "breast tomosynthesis" shall mean a radiologic procedure that involves the acquisition of projection images over the stationary breast to produce cross-sectional digital three-dimensional images of the breast.

EXPLANATION — Matter enclosed in bold-faced brackets ~~thus~~ in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

11 2. All individual and group health insurance policies providing coverage on an
12 expense-incurred basis, individual and group service or indemnity type contracts issued by a
13 nonprofit corporation, individual and group service contracts issued by a health maintenance
14 organization, all self-insured group arrangements to the extent not preempted by federal law
15 and all managed health care delivery entities of any type or description, that are delivered,
16 issued for delivery, continued or renewed on or after August 28, 1991, and providing
17 coverage to any resident of this state shall provide benefits or coverage for low-dose
18 mammography screening for any nonsymptomatic woman covered under such policy or
19 contract which meets the minimum requirements of this section. Such benefits or coverage
20 shall include at least the following:

21 (1) A baseline mammogram for women age thirty-five to thirty-nine, inclusive;

22 (2) A mammogram every year for women age forty and over;

23 (3) A mammogram every year for any woman deemed by a treating physician to have
24 an above-average risk for breast cancer in accordance with the American College of
25 Radiology guidelines for breast cancer screening;

26 (4) Any additional or supplemental imaging, such as breast magnetic resonance
27 imaging or ultrasound, deemed medically necessary by a treating physician for proper breast
28 cancer screening or evaluation in accordance with applicable American College of Radiology
29 guidelines; and

30 (5) Ultrasound or magnetic resonance imaging services, if determined by a treating
31 physician to be medically necessary for the screening or evaluation of breast cancer for any
32 woman deemed by the treating physician to have an above-average risk for breast cancer in
33 accordance with American College of Radiology guidelines for breast cancer screening.

34 3. Coverage and benefits required under this section shall be at least as favorable and
35 subject to the same dollar limits, deductibles, and co-payments as other radiological
36 examinations; provided, however, that on and after January 1, 2019, providers of health care
37 services specified under this section shall be reimbursed at rates accurately reflecting the
38 resource costs specific to each modality, including any increased resource cost.

39 **4. A policy providing the coverage and benefits required under this section shall**
40 **not require any person covered under the policy who is entitled to a mammogram under**
41 **subdivision (1) or (2) of subsection 2 of this section to obtain a referral from a primary**
42 **care provider or other physician in order to receive the mammogram.**

✓