

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2023

H

2

HOUSE BILL 560
Committee Substitute Favorable 4/25/23

Short Title: Diagnostic Imaging Parity.

(Public)

Sponsors:

Referred to:

April 4, 2023

1 A BILL TO BE ENTITLED
2 AN ACT TO PROVIDE HEALTH COVERAGE PARITY FOR BREAST CANCER
3 DIAGNOSTIC IMAGING.

4 The General Assembly of North Carolina enacts:

5 SECTION 1.(a) G.S. 58-51-57 is recodified as G.S. 58-3-271.

6 SECTION 1.(b) G.S. 58-65-92 is repealed.

7 SECTION 1.(c) G.S. 58-67-76 is repealed.

8 SECTION 2. G.S. 58-3-271, as enacted by Section 1(a) of this act, reads as rewritten:

9 "§ 58-3-271. Coverage for diagnostic, screening, and supplemental examinations for
10 breast cancer, including mammograms and other imaging, and cervical cancer
11 screening.

12 (a) The following definitions apply in this section:

13 (1) Breast magnetic resonance imaging. – A diagnostic tool that uses a powerful
14 magnetic field, radio waves, and a computer to produce detailed pictures of
15 the structures within the breast.

16 (2) Breast ultrasound. – A noninvasive diagnostic tool that uses high-frequency
17 sound waves to produce detailed images of the breast.

18 (3) Cost-sharing requirement. – A deductible, coinsurance, copayment, and any
19 maximum limitation on the application of a deductible, coinsurance,
20 copayment, or similar out-of-pocket expense.

21 (4) Diagnostic examination for breast cancer. – An examination for breast cancer
22 that is determined by the health care provider treating the patient to be
23 medically necessary and appropriate and that may include breast magnetic
24 resonance imaging, breast ultrasound, and diagnostic low-dose
25 mammography to evaluate the abnormality in the breast that meets one of the
26 following criteria:

27 a. Is seen or suspected from a screening examination for breast cancer.

28 b. Is detected by another means of examination.

29 (5) Low-dose mammography. – A radiologic procedure for the early detection of
30 breast cancer using equipment dedicated specifically for mammography,
31 including a physician's interpretation of the results of the procedure.

32 (6) Screening examination for breast cancer. – Low-dose mammography, or an
33 equivalent procedure, that is used to determine if there is abnormality in the
34 breast.

35 (7) Screening of early detection of cervical cancer. – Examinations and laboratory
36 tests used to detect cervical cancer, including conventional PAP smear



1 screening, liquid-based cytology, and human papilloma virus (HPV) detection
 2 methods for women with equivocal findings on cervical cytologic analysis
 3 that are subject to the approval of and have been approved by the United States
 4 Food and Drug Administration.

5 (8) Supplemental examination for breast cancer. – An examination for breast
 6 cancer that is determined by the health care provider treating the patient to be
 7 medically necessary and appropriate and that may include breast magnetic
 8 resonance imaging or breast ultrasound to screen for cancer if the patient
 9 meets either of the following criteria:

10 a. The patient is at increased risk for breast cancer based on the patient's
 11 personal or family medical history of breast cancer.

12 b. The patient has heterogeneously or extremely dense breast tissue as
 13 defined by the Breast Imaging Reporting and Data System established
 14 by the American College of Radiology.

15 ~~(a)(b) Every policy or contract of accident or health insurance, and every preferred provider~~
 16 ~~benefit plan under G.S. 58-50-56, that is issued, renewed, or amended on or after January 1, 1992,~~
 17 ~~health benefit plan offered by an insurer in this State shall provide coverage for examinations and~~
 18 ~~laboratory tests for the screening for the early detection of cervical cancer and for low-dose~~
 19 ~~screening mammography. The same deductibles, coinsurance, and other limitations as apply to~~
 20 ~~similar services covered under the policy, contract, or plan shall apply to coverage for~~
 21 ~~examinations and laboratory tests for the screening for the early detection of cervical cancer and~~
 22 ~~low-dose screening mammography.~~

23 ~~(a1) As used in this section, "examinations and laboratory tests for the screening for the~~
 24 ~~early detection of cervical cancer" means conventional PAP smear screening, liquid-based~~
 25 ~~cytology, and human papilloma virus (HPV) detection methods for women with equivocal~~
 26 ~~findings on cervical cytologic analysis that are subject to the approval of and have been approved~~
 27 ~~by the United States Food and Drug Administration.~~

28 ~~(b) As used in this section, "low dose screening mammography" means a radiologic~~
 29 ~~procedure for the early detection of breast cancer provided to an asymptomatic woman using~~
 30 ~~equipment dedicated specifically for mammography, including a physician's interpretation of the~~
 31 ~~results of the procedure.~~

32 (c) Every health benefit plan offered by an insurer in this State that provides benefits for
 33 a diagnostic or supplemental examination for breast cancer shall ensure that the cost-sharing
 34 requirements applicable to a diagnostic or supplemental examination for breast cancer are no less
 35 favorable than the cost-sharing requirements applicable to a screening examination for breast
 36 cancer.

37 ~~(e)(d)~~ Coverage for low-dose screening mammography shall be provided as follows:

38 (1) One or more mammograms a year, as recommended by a physician, for any
 39 ~~woman~~ individual who is at risk for breast cancer. For purposes of this
 40 subdivision, a ~~woman~~ individual is at risk for breast cancer if any one or more
 41 of the following is true:

42 a. The ~~woman~~ individual has a personal history of breast ~~cancer;~~ cancer.

43 b. The ~~woman~~ individual has a personal history of biopsy-proven benign
 44 breast ~~disease;~~ disease.

45 c. The ~~woman's~~ individual's mother, sister, or daughter has or has had
 46 breast ~~cancer;~~ or cancer.

47 d. The woman has not given birth prior to the age of ~~30;~~ 30.

48 (2) One baseline mammogram for any woman 35 through 39 years of age,
 49 ~~inclusive;~~ inclusive.

(3) A mammogram every other year for any woman 40 through 49 years of age, inclusive, or more frequently upon recommendation of a ~~physician;~~ ~~and physician.~~

(4) A mammogram every year for any woman 50 years of age or older.

~~(d)~~(e) Reimbursement for a mammogram authorized under this section shall be made only if the facility in which the mammogram was performed meets mammography accreditation standards established by the North Carolina Medical Care Commission.

~~(e)~~(f) Coverage for the screening for the early detection of cervical cancer shall be in accordance with the most recently published American Cancer Society guidelines or guidelines adopted by the North Carolina Advisory Committee on Cancer Coordination and Control. Coverage shall include the examination, the laboratory fee, and the physician's interpretation of the laboratory results. Reimbursements for laboratory fees shall be made only if the laboratory meets accreditation standards adopted by the North Carolina Medical Care Commission."

SECTION 3. G.S. 135-48.51 reads as rewritten:

"§ 135-48.51. Coverage and operational mandates related to Chapter 58 of the General Statutes.

The following provisions of Chapter 58 of the General Statutes apply to the State Health Plan:

...

(9a) G.S. 58-3-271, Coverage for diagnostic, screening, and supplemental examinations for breast cancer, including mammograms and other imaging, and cervical cancer screening.

...."

SECTION 4. This act becomes effective October 1, 2023, and applies to insurance contracts issued, renewed, or amended on or after that date.