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**SUBSTITUTE HOUSE BILL 1261**

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**State of Washington**

**68th Legislature**

**2023 Regular Session**

**By** House Appropriations (originally sponsored by Representatives Walen, Ryu, Reeves, Reed, Simmons, Davis, Ormsby, Fosse, Doglio, Santos, and Pollet)

1 AN ACT Relating to cost sharing for diagnostic and supplemental  
2 breast examinations; amending RCW 48.20.393, 48.21.225, 48.44.325,  
3 and 48.46.275; and adding a new section to chapter 48.43 RCW.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 48.43  
6 RCW to read as follows:

7 (1) Except as provided in subsection (2) of this section, for  
8 nongrandfathered health plans issued or renewed on or after January  
9 1, 2024, that include coverage of supplemental breast examinations  
10 and diagnostic breast examinations, health carriers may not impose  
11 cost sharing for such examinations.

12 (2) For a health plan that provides coverage of supplemental  
13 breast examinations and diagnostic breast examinations and is offered  
14 as a qualifying health plan for a health savings account, the health  
15 carrier shall establish the plan's cost sharing for the coverage of  
16 the services described in this section at the minimum level necessary  
17 to preserve the enrollee's ability to claim tax exempt contributions  
18 from their health savings account under internal revenue service laws  
19 and regulations.

20 (3) For purposes of this section:

1 (a) "Diagnostic breast examination" means a medically necessary  
2 and appropriate examination of the breast, including an examination  
3 using diagnostic mammography; digital breast tomosynthesis, also  
4 called three-dimensional mammography; breast magnetic resonance  
5 imaging; or breast ultrasound, that is used to evaluate an  
6 abnormality:

7 (i) Seen or suspected from a screening examination for breast  
8 cancer; or

9 (ii) Detected by another means of examination.

10 (b) "Supplemental breast examination" means a medically necessary  
11 and appropriate examination of the breast, including an examination  
12 using breast magnetic resonance imaging or breast ultrasound, that  
13 is: (i) Used to screen for breast cancer when there is no abnormality  
14 seen or suspected; and

15 (ii) Based on personal or family medical history, or additional  
16 factors that may increase the individual's risk of breast cancer.

17 **Sec. 2.** RCW 48.20.393 and 1994 sp.s. c 9 s 728 are each amended  
18 to read as follows:

19 Each disability insurance policy issued or renewed after January  
20 1, 1990, that provides coverage for hospital or medical expenses  
21 shall provide coverage for screening or diagnostic mammography  
22 services, provided that such services are delivered upon the  
23 recommendation of the patient's physician or advanced registered  
24 nurse practitioner as authorized by the nursing care quality  
25 assurance commission pursuant to chapter 18.79 RCW or physician  
26 assistant pursuant to chapter 18.71A RCW.

27 This section shall not be construed to prevent the application of  
28 standard policy provisions, other than the cost-sharing prohibition  
29 provided in section 1 of this act, that are applicable to other  
30 benefits (~~((such as deductible or copayment provisions))~~). This section  
31 does not limit the authority of an insurer to negotiate rates and  
32 contract with specific providers for the delivery of mammography  
33 services. This section shall not apply to medicare supplement  
34 policies or supplemental contracts covering a specified disease or  
35 other limited benefits.

36 **Sec. 3.** RCW 48.21.225 and 1994 sp.s. c 9 s 731 are each amended  
37 to read as follows:

1 Each group disability insurance policy issued or renewed after  
2 January 1, 1990, that provides coverage for hospital or medical  
3 expenses shall provide coverage for screening or diagnostic  
4 mammography services, provided that such services are delivered upon  
5 the recommendation of the patient's physician or advanced registered  
6 nurse practitioner as authorized by the nursing care quality  
7 assurance commission pursuant to chapter 18.79 RCW or physician  
8 assistant pursuant to chapter 18.71A RCW.

9 This section shall not be construed to prevent the application of  
10 standard policy provisions, other than the cost-sharing prohibition  
11 provided in section 1 of this act, that are applicable to other  
12 benefits (~~((such as deductible or copayment provisions))~~). This section  
13 does not limit the authority of an insurer to negotiate rates and  
14 contract with specific providers for the delivery of mammography  
15 services. This section shall not apply to medicare supplement  
16 policies or supplemental contracts covering a specified disease or  
17 other limited benefits.

18 **Sec. 4.** RCW 48.44.325 and 1994 sp.s. c 9 s 734 are each amended  
19 to read as follows:

20 Each health care service contract issued or renewed after January  
21 1, 1990, that provides benefits for hospital or medical care shall  
22 provide benefits for screening or diagnostic mammography services,  
23 provided that such services are delivered upon the recommendation of  
24 the patient's physician or advanced registered nurse practitioner as  
25 authorized by the nursing care quality assurance commission pursuant  
26 to chapter 18.79 RCW or physician assistant pursuant to chapter  
27 18.71A RCW.

28 This section shall not be construed to prevent the application of  
29 standard contract provisions, other than the cost-sharing prohibition  
30 provided in section 1 of this act, that are applicable to other  
31 benefits (~~((such as deductible or copayment provisions))~~). This section  
32 does not limit the authority of a contractor to negotiate rates and  
33 contract with specific providers for the delivery of mammography  
34 services. This section shall not apply to medicare supplement  
35 policies or supplemental contracts covering a specified disease or  
36 other limited benefits.

37 **Sec. 5.** RCW 48.46.275 and 1994 sp.s. c 9 s 735 are each amended  
38 to read as follows:

1 Each health maintenance agreement issued or renewed after January  
2 1, 1990, that provides benefits for hospital or medical care shall  
3 provide benefits for screening or diagnostic mammography services,  
4 provided that such services are delivered upon the recommendation of  
5 the patient's physician or advanced registered nurse practitioner as  
6 authorized by the nursing care quality assurance commission pursuant  
7 to chapter 18.79 RCW or physician assistant pursuant to chapter  
8 18.71A RCW.

9 All services must be provided by the health maintenance  
10 organization or rendered upon referral by the health maintenance  
11 organization. This section shall not be construed to prevent the  
12 application of standard agreement provisions, other than the cost-  
13 sharing prohibition provided in section 1 of this act, that are  
14 applicable to other benefits ((such as deductible or copayment  
15 provisions)). This section does not limit the authority of a health  
16 maintenance organization to negotiate rates and contract with  
17 specific providers for the delivery of mammography services. This  
18 section shall not apply to medicare supplement policies or  
19 supplemental contracts covering a specified disease or other limited  
20 benefits.

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