§2745-A. Coverage for screening mammograms and diagnostic and supplemental breast examinations

1. Definition.
[PL 2023, c. 338, §2 (RP).]

1-A. Definitions. For the purposes of this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Cost-sharing requirements" means a deductible, coinsurance, copayment or out-of-pocket expense and any maximum limitation on the deductible, coinsurance, copayment or other out-of-pocket expense. [PL 2023, c. 338, §3 (NEW).]

B. "Diagnostic breast examination" means a medically necessary examination of the breast, including an examination using diagnostic mammography, magnetic resonance imaging or ultrasound, that is:

(1) Used to evaluate an abnormality seen on or suspected from a screening mammogram; or

(2) Used to evaluate an abnormality detected by another means of examination. [PL 2023, c. 338, §3 (NEW).]

C. "Screening mammogram" means a radiologic procedure that is provided to an asymptomatic individual for the purpose of early detection of breast cancer and that consists of 2 radiographic views per breast. A screening mammogram also includes an additional radiologic procedure recommended by a provider when the results of an initial radiologic procedure are not definitive. [PL 2023, c. 338, §3 (NEW).]

D. "Supplemental breast examination" means a medical examination of the breast, including an examination using diagnostic mammography, magnetic resonance imaging or ultrasound, to screen for breast cancer when there is no abnormality seen or suspected, but, based on personal or family medical history or other additional factors, the individual has an increased risk of breast cancer. [PL 2023, c. 338, §3 (NEW).]
[PL 2023, c. 338, §3 (NEW).]

2. Required coverage. All individual insurance policies that cover radiologic procedures, except those designed to cover only specific diseases, accidental injury or dental procedures, must provide coverage for screening mammograms performed by providers that meet the standards established by the Department of Health and Human Services rules relating to radiation protection. The policies must reimburse for screening mammograms performed at least once a year for women 40 years of age and over.

A. [PL 1997, c. 408, §3 (RP); PL 1997, c. 408, §8 (AFF).]

B. [PL 1997, c. 408, §3 (RP); PL 1997, c. 408, §8 (AFF).]
[PL 1997, c. 408, §3 (RPR); PL 1997, c. 408, §8 (AFF); PL 2003, c. 689, Pt. B, §6 (REV).]

2-A. No cost-sharing requirements. An individual insurance policy may not impose any cost-sharing requirements on a screening mammogram, diagnostic breast examination or supplemental breast examination performed by a provider in accordance with this section. This subsection does not apply to an individual policy offered for use with a health savings account unless the federal Internal Revenue Service determines that the requirements in this subsection are permissible in a high deductible health plan as defined in the federal Internal Revenue Code, Section 223(c)(2).
[PL 2023, c. 338, §4 (NEW).]

3. Application. This section applies to all policies, contracts and certificates that cover radiologic procedures, except those policies that cover only dental procedures, accidental injury or specific diseases, executed, delivered, issued for delivery, continued or renewed in this State on or after March

1, 1991. For purposes of this section, all policies and contracts are deemed to be renewed no later than the next yearly anniversary of the policy or contract date.
[PL 1991, c. 156, §1 (AMD).]

4. Reports. Each insurer that issues policies subject to this section shall report to the superintendent its experience for each calendar year beginning with 1991 not later than April 30th of the following calendar year. The report must include the information required and be presented in the form prescribed by the superintendent. The report must include the amount of claims paid in this State for services required by this section. The superintendent shall compile this data in an annual report and submit the report to the joint standing committee of the Legislature having jurisdiction over banking and insurance matters.
[PL 1991, c. 701, §6 (AMD).]

SECTION HISTORY

PL 1989, c. 875, §I3 (NEW). PL 1991, c. 156, §1 (AMD). PL 1991, c. 701, §6 (AMD). PL 1997, c. 408, §3 (AMD). PL 1997, c. 408, §8 (AFF). PL 2003, c. 689, §B6 (REV). PL 2007, c. 153, §1 (AMD). PL 2007, c. 153, §5 (AFF). PL 2023, c. 338, §§1-4 (AMD).