

## 1 HOUSE BILL NO. 665

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8 A BILL FOR AN ACT ENTITLED: "AN ACT REVISING LAWS RELATED TO INSURANCE COVERAGE OF  
9 PREVENTATIVE, DIAGNOSTIC, AND SUPPLEMENTAL BREAST EXAMINATIONS; PROVIDING  
10 DEFINITIONS; AND AMENDING SECTION 33-22-132, MCA."

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12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

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14 **Section 1.** Section 33-22-132, MCA, is amended to read:

15 **"33-22-132. Coverage for minimum mammography and other breast examinations.** (1) Each  
16 group or individual medical expense and blanket disability policy, certificate of insurance, and membership  
17 contract that is delivered, issued for delivery, renewed, extended, or modified in this state must provide  
18 ~~minimum mammography examination coverage of~~ minimum mammography and other breast examinations as  
19 provided in this section.

20 (2) For the purpose of this section, the following definitions apply:

21 (a) "Cost-sharing requirement" means a deductible, coinsurance, copayment, and any maximum  
22 limitation on the application of a deductible, coinsurance, copayment, or similar out-of-pocket expense.

23 (b) (i) "Diagnostic breast examination" means a medically necessary and clinically appropriate  
24 examination of the breast that is used to evaluate an abnormality seen or suspected from a screening  
25 examination for breast cancer or detected by another means of examination.

26 (ii) The term includes examinations using diagnostic mammography, breast magnetic resonance  
27 imaging, or breast ultrasound.

28 (c) "~~minimum~~ Minimum mammography examination" means:

1           ~~(a)~~(i) one baseline mammogram for a woman who is 35 years of age or older and under 40 years of  
2 age;

3           ~~(b)~~(ii) a mammogram every 2 years for any woman who is 40 years of age or older and under 50  
4 years of age or more frequently if recommended by the woman's physician; and

5           ~~(c)~~(iii) a mammogram each year for a woman who is 50 years of age or older.

6           (d) (i) "Supplemental breast examination" means a medically necessary and appropriate  
7 examination of the breast that is used to screen for breast cancer when there is no abnormality seen or  
8 suspected and is based on personal or family medical history or other factors that may increase a person's risk  
9 of breast cancer.

10           (ii) The term includes examination using breast magnetic resonance imaging or breast ultrasound.

11           (3) A minimum \$70 payment or the actual charge if the charge is less than \$70 must be made for  
12 each minimum mammography examination performed before the application of the terms of the applicable  
13 group or individual disability policy, certificate of insurance, or membership contract that establish durational  
14 limits, deductibles, and copayment provisions as long as the terms are not less favorable than for physical  
15 illness generally.

16           (4) (a) Except as provided in subsection (4)(b), a group health plan or a health insurance issuer  
17 offering group or individual health insurance coverage may not impose any cost-sharing requirements for a  
18 diagnostic breast examination or supplemental breast examination when the plan or coverage provides  
19 screening benefits, supplemental breast examinations, and diagnostic breast examinations furnished to an  
20 individual enrolled under the plan or coverage.

21           (b) If, under federal law, application of subsection (4)(a) would result in health savings account  
22 ineligibility under section 223 of the federal Internal Revenue Code, this requirement may apply only, for health  
23 savings account-qualified high deductible health plans with respect to the deductible of the plan after the  
24 enrollee has satisfied the minimum deductible under section 223, except for with respect to items or services  
25 that are preventive care pursuant to section 223(c)(2)(C) of the federal Internal Revenue Code, in which case  
26 the requirements of subsection (4)(a) apply regardless of whether the minimum deductible under section 223  
27 has been satisfied.

28           ~~(4)~~(5) This section does not apply to disability income, hospital indemnity, medicare supplement,

1 accident-only, vision, dental, or specified disease policies."

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