

CHAPTER 133

(SB 44)

AN ACT relating to access to health care.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

➔SECTION 1. A NEW SECTION OF SUBTITLE 17A OF KRS CHAPTER 304 IS CREATED TO READ AS FOLLOWS:

- (1) *As used in this section, "cost sharing" means the cost to an individual insured under a health benefit plan according to any coverage limit, copayment, coinsurance, deductible, or other out-of-pocket expense requirements imposed by the plan.*
- (2) *Except as provided in subsection (4) of this section, all health benefit plans issued or renewed on or after the effective date of this Act shall accept, and count towards the insured's contributions to any applicable premium or cost-sharing requirement, premium and cost-sharing payments made on behalf of an insured from the following:*
 - (a) *A state or federal government program, including payments made by programs operating in accordance with Title XXVI of the federal Public Health Service Act, 42 U.S.C. secs. 300ff et. seq., as amended;*
 - (b) *An Indian tribe, tribal organization, or urban Indian organization; and*
 - (c) *A program conducted by an organization that certifies that the organization is:*
 1. *Exempt from taxation under 26 U.S.C. sec. 501(a), as amended;*
 2. *Described in 26 U.S.C. sec. 170(b)(1)(A)(i) or (vi); and*
 3. *Operating in compliance with applicable federal laws, including the False Claims Act, 31 U.S.C. secs. 3729 to 3733.*
- (3) *To the extent permitted under federal law, all health benefit plans may accept, and count towards the insured's contributions to any applicable premium or cost-sharing requirement, premium and cost-sharing payments made on behalf of an insured by any person not referenced in subsection (2) of this section.*
- (4)
 - (a) *If the application of the requirements of subsection (2) of this section would be the sole cause of a health benefit plan's failure to qualify as a Health Savings Account-qualified High Deductible Health Plan under 26 U.S.C. sec. 223, as amended, then the requirements of subsection (2) of this section shall not apply to that health benefit plan until the minimum deductible under 26 U.S.C. sec. 223, as amended, is satisfied.*
 - (b) *Subsection (2)(c) of this section shall not apply to payments made by, or on behalf of, any organization that receives funding in any form from a health care provider, as defined in KRS 304.17A-005.*
- (5) *Nothing in this section shall be construed to imply that the insured is not responsible for the timely payment of premiums in accordance with the terms of the health benefit plan contract between the insurer and the insured, even if the payment is made on behalf of the insured by a person referenced in subsection (2) of this section.*

➔Section 2. KRS 214.555 is amended to read as follows:

- (1) Physicians are encouraged to recommend digital mammography including breast tomosynthesis when writing orders for mammograms. The term "breast tomosynthesis" means 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.
- (2) If a patient's X-ray mammogram demonstrates dense breast tissue, a person who provided the X-ray mammography services in the Commonwealth shall provide notification to the patient that includes but is not limited to the following information in the summary of the written report of the results sent directly to a patient:

"Your X-ray mammogram shows that your breast tissue is dense. Dense breast tissue is common among women and is not abnormal. However, women with dense breast tissue may have a slightly increased risk for developing breast cancer. Dense breast tissue may also make it more difficult to detect an early breast cancer on your X-ray mammogram. At this time, there are no specific recommendations for additional screening or other measures related to having dense breast tissue. However, you may want to talk to your doctor about other ways that you might be able to reduce your risk of breast cancer. A report of your results was sent to your ordering physician. If you are self-referred, a report of your results was sent to you in addition to this summary."

- (3) As used in this section, "dense breast tissue" means heterogeneously or extremely dense breast tissue as defined in nationally recognized guidelines or systems for breast imaging reporting of mammography screening, including but not limited to the breast imaging reporting and data system established by the American College of Radiology. If, after June 29, 2017, new terms are defined in revised guidelines or systems for breast imaging reporting of mammography screening and the Department for Public Health determines that those new terms are more appropriate for the purposes of the information required to be provided under this section, the Department for Public Health may update the definition of dense breast tissue under this subsection to use those new terms by administrative regulation.
- (4) Recognizing the continuous improvements in patient outcomes that are reflective of ongoing advances in evidence-based medical practices, expansive and emerging medical research, and evolving innovations in medical technology, subsection (2) of this section shall be in effect until January 1, ~~2025~~²⁰²⁴, unless the General Assembly takes action to extend this expiration date.

➔Section 3. Section 1 of this Act takes effect on January 1, 2022.

Signed by Governor March 25, 2021.