

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2021**

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HOUSE BILL 703

Short Title: Breast Cancer Diagnostic Imaging Parity. (Public)

Sponsors: Representatives Belk, White, Lambeth, and Carney (Primary Sponsors).
For a complete list of sponsors, refer to the North Carolina General Assembly web site.

Referred to: Health, if favorable, Rules, Calendar, and Operations of the House

April 28, 2021

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

The General Assembly of North Carolina enacts:

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

SECTION 1.(b) G.S. 58-65-92 is repealed.

SECTION 1.(c) G.S. 58-67-76 is repealed.

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

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

(a) The following definitions apply in this section:

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

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

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

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

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

b. Is detected by another means of examination.

c. Is suspected based on the medical history or family medical history of the individual.

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

(6) Screening of early detection of cervical cancer. – Examinations and laboratory tests used to detect cervical cancer, including conventional PAP smear screening, liquid-based cytology, and human papilloma virus (HPV) detection methods for women with equivocal findings on cervical cytologic

1 analysis that are subject to the approval of and have been approved by the
2 United States Food and Drug Administration.

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

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

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

20 ~~(c)~~ Every health benefit plan offered by an insurer in this State that provides benefits
21 for a diagnostic examination for breast cancer shall ensure that the cost-sharing requirements
22 applicable to a diagnostic examination for breast cancer are no less favorable than the
23 cost-sharing requirements applicable to a screening examination for breast cancer.

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

- 25 (1) One or more mammograms a year, as recommended by a physician, for any
26 woman who is at risk for breast cancer. For purposes of this subdivision, a
27 woman is at risk for breast cancer if any one or more of the following is true:
28 a. The woman has a personal history of breast ~~cancer;~~cancer.
29 b. The woman has a personal history of biopsy-proven benign breast
30 ~~disease;~~disease.
31 c. The woman's mother, sister, or daughter has or has had breast ~~cancer;~~
32 ~~or~~cancer.
33 d. The woman has not given birth prior to the age of ~~30;~~30.
34 (2) One baseline mammogram for any woman 35 through 39 years of age,
35 ~~inclusive;~~inclusive.
36 (3) A mammogram every other year for any woman 40 through 49 years of age,
37 inclusive, or more frequently upon recommendation of a ~~physician;~~
38 ~~and~~physician.
39 (4) A mammogram every year for any woman 50 years of age or older.

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

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

49 **SECTION 3.** This act becomes effective October 1, 2021, and applies to insurance
50 contracts issued, renewed, or amended on or after that date.