SPONSOR: Rep. Romer & Rep. Longhurst & Rep. Minor-Brown & Rep. Dorsey Walker & Sen. Poore
Reps. Baumbach, Bolden, Bush, Carson, Griffith, Heffernan, K. Johnson, Lambert, Morrison, Osienski, Michael Smith, K. Williams, Wilson-Anton; Sens. Gay, Hansen, Hoffner, Huxtable, Pinkney, Townsend, Wilson

HOUSE OF REPRESENTATIVES
152nd GENERAL ASSEMBLY

HOUSE BILL NO. 60

AN ACT TO AMEND TITLES 18, 29, AND 31 RELATING TO BREAST CANCER SCREENING AND DIAGNOSTIC PROCEDURES.

WHEREAS, insurance coverage focuses mostly on mammogram screenings; and

WHEREAS, the American Cancer Society recommends that high risk-patients or women with dense breast tissue should receive a mammogram and a breast MRI every year starting at the age of 30; and

WHEREAS, it is not required for insurers to cover supplemental examinations or follow-up diagnostic screenings, which could result in costs ranging from hundreds to thousands of dollars; and

WHEREAS, a 2019 study by the Susan G. Komen Breast Cancer Foundation cited cost as the primary reason women avoid follow-up diagnostic imaging recommended by their healthcare provider; and

WHEREAS, Delawareans should not have to face exorbitant costs for potentially life-saving screenings and follow-up tests.

NOW, THEREFORE:

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

Section 1. Amend Chapter 35, Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 3552A. Supplemental and diagnostic breast examinations.

(a) As used in this section:

(1) "Breast magnetic resonance imaging" or "breast MRI" means a diagnostic and screening tool, including standard and abbreviated breast MRI, that uses radio waves and magnets to produce detailed images of structures within the breast.

(2) "Breast ultrasound" means a noninvasive diagnostic and screening tool that uses high-frequency sound waves and their echoes to produce detailed images of structures within the breast.

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

(4) "Diagnostic breast examination" means a medically necessary and clinically appropriate examination of the breast, including such examination using breast MRI, breast ultrasound, or mammogram, that is used for either of the following:

a. To evaluate an abnormality seen or suspected from a screening examination for breast cancer.

b. To evaluate an abnormality detected by another means of examination.

(5) "Mammogram" means a diagnostic or screening mammography exam using a low-dose X-ray to produce an image of the breast.

(6) "Supplemental breast screening examination" means a medically necessary and clinically appropriate examination of the breast, including such examination using breast MRI, breast ultrasound, or mammogram, that is used for either of the following:

a. To screen for breast cancer when there is no abnormality seen or suspected in the breast.

b. Based on personal or family medical history or additional factors that may increase the individual's risk of breast cancer.

(b) All group and blanket health insurance policies which are delivered or issued for delivery in this State by any health insurer or health service corporation and which provide benefits for outpatient services shall provide coverage for diagnostic breast examinations and supplemental breast screening examinations. The terms of such coverage, including cost-sharing requirements, shall be no less favorable than the cost-sharing requirements applicable to screening mammography for breast cancer.

Section 2. Amend Chapter 33, Title 18 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 3370F. Supplemental and diagnostic breast examinations.

(a) As used in this section:

(1) "Breast magnetic resonance imaging" or "breast MRI" means a diagnostic and screening tool, including standard and abbreviated breast MRI, that uses radio waves and magnets to produce detailed images of structures within the breast.

(2) "Breast ultrasound" means a noninvasive diagnostic and screening tool that uses high-frequency sound waves and their echoes to produce detailed images of structures within the breast.

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

(4) "Diagnostic breast examination" means a medically necessary and clinically appropriate examination of the breast, including such examination using breast MRI, breast ultrasound, or mammogram, that is used for either of the following:

a. To evaluate an abnormality seen or suspected from a screening examination for breast cancer.

b. To evaluate an abnormality detected by another means of examination.

(5) "Mammogram" means a diagnostic or screening mammography exam using a low-dose X-ray to produce an image of the breast.

(6) "Supplemental breast screening examination" means a medically necessary and clinically appropriate examination of the breast, including such examination using breast MRI, breast ultrasound, or mammogram, that is used for either of the following:

a. To screen for breast cancer when there is no abnormality seen or suspected in the breast.

b. Based on personal or family medical history or additional factors that may increase the individual's risk of breast cancer.

(b) All individual health insurance policies, contracts, or certificates that are delivered, issued for delivery, extended, or modified in this State shall provide coverage for diagnostic breast examinations and supplemental breast screening examinations. The terms of such coverage, including cost-sharing requirements, shall be no less favorable than the cost-sharing requirements applicable to screening mammography for breast cancer.

Section 3. Amend Chapter 52, Title 29 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 5217. Supplemental and diagnostic breast examinations.

(a) As used in this section:

(1) "Breast magnetic resonance imaging" or "breast MRI" means a diagnostic and screening tool, including standard and abbreviated breast MRI, that uses radio waves and magnets to produce detailed images of structures within the breast.

(2) "Breast ultrasound" means a noninvasive diagnostic and screening tool that uses high-frequency sound waves and their echoes to produce detailed images of structures within the breast.

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

(4) "Diagnostic breast examination" means a medically necessary and clinically appropriate examination of the breast, including such examination using breast MRI, breast ultrasound, or mammogram, that is used for either of the following:

a. To evaluate an abnormality seen or suspected from a screening examination for breast cancer.

b. To evaluate an abnormality detected by another means of examination.

(5) "Mammogram" means a diagnostic or screening mammography exam using a low-dose X-ray to produce an image of the breast.

(6) "Supplemental breast screening examination" means a medically necessary and clinically appropriate examination of the breast, including such examination using breast MRI, breast ultrasound, or mammogram, that is used for either of the following:

a. To screen for breast cancer when there is no abnormality seen or suspected in the breast.

b. Based on personal or family medical history or additional factors that may increase the individual's risk of breast cancer.

(b) The plan shall provide coverage for diagnostic breast examinations and supplemental breast screening examinations. The terms of such coverage, including cost-sharing requirements, shall be no less favorable than the cost-sharing requirements applicable to screening mammography for breast cancer.

Section 4. Amend Chapter 5, Title 31 of the Delaware Code by making deletions as shown by strike through and insertions as shown by underline as follows:

§ 532. Supplemental and diagnostic breast examinations.

(a) As used in this section:

(1) "Breast magnetic resonance imaging" or "breast MRI" means a diagnostic and screening tool, including standard and abbreviated breast MRI, that uses radio waves and magnets to produce detailed images of structures within the breast.

(2) "Breast ultrasound" means a noninvasive diagnostic and screening tool that uses high-frequency sound waves and their echoes to produce detailed images of structures within the breast.

(3) "Carrier" means any entity that provides health insurance under § 505(3) of this title.

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

(5) "Diagnostic breast examination" means a medically necessary and clinically appropriate examination of the breast, including such examination using breast MRI, breast ultrasound, or mammogram, that is used for either of the following:

a. To evaluate an abnormality seen or suspected from a screening examination for breast cancer.

b. To evaluate an abnormality detected by another means of examination.

(6) "Mammogram" means a diagnostic or screening mammography exam using a low-dose X-ray to produce an image of the breast.

(7) "Supplemental breast screening examination" means a medically necessary and clinically appropriate examination of the breast, including such examination using breast MRI, breast ultrasound, or mammogram, that is used for either of the following:

a. To screen for breast cancer when there is no abnormality seen or suspected in the breast.

b. Based on personal or family medical history or additional factors that may increase the individual's risk of breast cancer.

(b) All carriers shall provide coverage for diagnostic breast examinations and supplemental breast screening examinations. The terms of such coverage, including cost-sharing requirements, shall be no less favorable than the cost-sharing requirements applicable to screening mammography for breast cancer.

Section 5. This Act takes effect 60 days after its enactment and is effective for all contracts and coverage initiated or renewed after January 1, 2024.

SYNOPSIS

This Act requires that all insurance policies issued or renewed in this State include coverage of supplemental and diagnostic breast examinations on terms that are at least as favorable as the coverage of annual screening mammograms. The Act covers all group, blanket, and individual health insurance policies as well as the State employee healthcare plan and Medicaid.