

**As Introduced**

**132nd General Assembly**

**Regular Session**

**2017-2018**

**S. B. No. 121**

**Senator Eklund**

**Cosponsors: Senators Yuko, Schiavoni**

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**A BILL**

To amend sections 1751.62, 3923.52, and 3923.54 of  
the Revised Code to include tomosynthesis as  
part of required screening mammography benefits  
under health insurance policies.

**BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:**

**Section 1.** That sections 1751.62, 3923.52, and 3923.54 of  
the Revised Code be amended to read as follows:

**Sec. 1751.62.** (A) As used in this section:

(1) "Screening mammography" means a radiologic examination  
utilized to detect unsuspected breast cancer at an early stage  
in an asymptomatic woman and includes the x-ray examination of  
the breast using equipment that is dedicated specifically for  
mammography, including, but not limited to, tomosynthesis, the  
x-ray tube, filter, compression device, screens, film, and  
cassettes, and that has an average radiation exposure delivery  
of less than one rad mid-breast. "Screening mammography"  
includes two views for each breast. The term also includes the  
professional interpretation of the film.

"Screening mammography" does not include diagnostic

mammography.	19
(2) "Medicare reimbursement rate" means the reimbursement	20
rate paid in Ohio under the medicare program for screening	21
mammography that does not include digitization or computer-aided	22
detection, regardless of whether the actual benefit includes	23
digitization or computer-aided detection.	24
(B) Every individual or group health insuring corporation	25
policy, contract, or agreement providing basic health care	26
services that is delivered, issued for delivery, or renewed in	27
this state shall provide benefits for the expenses of both of	28
the following:	29
(1) Screening mammography to detect the presence of breast	30
cancer in adult women;	31
(2) Cytologic screening for the presence of cervical	32
cancer.	33
(C) The benefits provided under division (B) (1) of this	34
section shall cover expenses in accordance with all of the	35
following:	36
(1) If a woman is at least thirty-five years of age but	37
under forty years of age, one screening mammography;	38
(2) If a woman is at least forty years of age but under	39
fifty years of age, either of the following:	40
(a) One screening mammography every two years;	41
(b) If a licensed physician has determined that the woman	42
has risk factors to breast cancer, one screening mammography	43
every year.	44
(3) If a woman is at least fifty years of age but under	45

sixty-five years of age, one screening mammography every year. 46

(D) (1) Subject to divisions (D) (2) and (3) of this 47  
section, if a provider, hospital, or other health care facility 48  
provides a service that is a component of the screening 49  
mammography benefit in division (B) (1) of this section and 50  
submits a separate claim for that component, a separate payment 51  
shall be made to the provider, hospital, or other health care 52  
facility in an amount that corresponds to the ratio paid by 53  
medicare in this state for that component. 54

(2) Regardless of whether separate payments are made for 55  
the benefit provided under division (B) (1) of this section, the 56  
total benefit for a screening mammography shall not exceed one 57  
hundred thirty per cent of the medicare reimbursement rate in 58  
this state for screening mammography. If there is more than one 59  
medicare reimbursement rate in this state for screening 60  
mammography or a component of a screening mammography, the 61  
reimbursement limit shall be one hundred thirty per cent of the 62  
lowest medicare reimbursement rate in this state. 63

(3) The benefit paid in accordance with division (D) (1) of 64  
this section shall constitute full payment. No provider, 65  
hospital, or other health care facility shall seek or receive 66  
remuneration in excess of the payment made in accordance with 67  
division (D) (1) of this section, except for approved deductibles 68  
and copayments. 69

(E) The benefits provided under division (B) (1) of this 70  
section shall be provided only for screening mammographies that 71  
are performed in a health care facility or mobile mammography 72  
screening unit that is accredited under the American college of 73  
radiology mammography accreditation program or in a hospital as 74  
defined in section 3727.01 of the Revised Code. 75

(F) The benefits provided under divisions (B) (1) and (2) 76  
of this section shall be provided according to the terms of the 77  
subscriber contract. 78

(G) The benefits provided under division (B) (2) of this 79  
section shall be provided only for cytologic screenings that are 80  
processed and interpreted in a laboratory certified by the 81  
college of American pathologists or in a hospital as defined in 82  
section 3727.01 of the Revised Code. 83

**Sec. 3923.52.** (A) As used in this section and section 84  
3923.53 of the Revised Code, "screening mammography" means a 85  
radiologic examination utilized to detect unsuspected breast 86  
cancer at an early stage in asymptomatic women and includes the 87  
x-ray examination of the breast using equipment that is 88  
dedicated specifically for mammography, including, but not 89  
limited to, tomosynthesis, the x-ray tube, filter, compression 90  
device, screens, film, and cassettes, and that has an average 91  
radiation exposure delivery of less than one rad mid-breast. 92  
"Screening mammography" includes two views for each breast. The 93  
term also includes the professional interpretation of the film. 94

"Screening mammography" does not include diagnostic 95  
mammography. 96

(B) Every policy of individual or group sickness and 97  
accident insurance that is delivered, issued for delivery, or 98  
renewed in this state shall provide benefits for the expenses of 99  
both of the following: 100

(1) Screening mammography to detect the presence of breast 101  
cancer in adult women; 102

(2) Cytologic screening for the presence of cervical 103  
cancer. 104

(C) The benefits provided under division (B)(1) of this section shall cover expenses in accordance with all of the following:

(1) If a woman is at least thirty-five years of age but under forty years of age, one screening mammography;

(2) If a woman is at least forty years of age but under fifty years of age, either of the following:

(a) One screening mammography every two years;

(b) If a licensed physician has determined that the woman has risk factors to breast cancer, one screening mammography every year.

(3) If a woman is at least fifty years of age but under sixty-five years of age, one screening mammography every year.

(D) As used in this division, "medicare reimbursement rate" means the reimbursement rate paid in this state under the medicare program for screening mammography that does not include digitization or computer-aided detection, regardless of whether the actual benefit includes digitization or computer-aided detection.

(1) Subject to divisions (D)(2) and (3) of this section, if a provider, hospital, or other health care facility provides a service that is a component of the screening mammography benefit in division (B)(1) of this section and submits a separate claim for that component, a separate payment shall be made to the provider, hospital, or other health care facility in an amount that corresponds to the ratio paid by medicare in this state for that component.

(2) Regardless of whether separate payments are made for

the benefit provided under division (B)(1) of this section, the 133  
total benefit for a screening mammography shall not exceed one 134  
hundred thirty per cent of the medicare reimbursement rate in 135  
this state for screening mammography. If there is more than one 136  
medicare reimbursement rate in this state for screening 137  
mammography or a component of a screening mammography, the 138  
reimbursement limit shall be one hundred thirty per cent of the 139  
lowest medicare reimbursement rate in this state. 140

(3) The benefit paid in accordance with division (D)(1) of 141  
this section shall constitute full payment. No provider, 142  
hospital, or other health care facility shall seek or receive 143  
compensation in excess of the payment made in accordance with 144  
division (D)(1) of this section, except for approved deductibles 145  
and copayments. 146

(E) The benefits provided under division (B)(1) of this 147  
section shall be provided only for screening mammographies that 148  
are performed in a facility or mobile mammography screening unit 149  
that is accredited under the American college of radiology 150  
mammography accreditation program or in a hospital as defined in 151  
section 3727.01 of the Revised Code. 152

(F) The benefits provided under division (B)(2) of this 153  
section shall be provided only for cytologic screenings that are 154  
processed and interpreted in a laboratory certified by the 155  
college of American pathologists or in a hospital as defined in 156  
section 3727.01 of the Revised Code. 157

(G) This section does not apply to any policy that 158  
provides coverage for specific diseases or accidents only, or to 159  
any hospital indemnity, medicare supplement, or other policy 160  
that offers only supplemental benefits. 161

**Sec. 3923.54.** (A) As used in this section, "screening mammography" means a radiologic examination utilized to detect unsuspected breast cancer at an early stage in asymptomatic women and includes the x-ray examination of the breast using equipment that is dedicated specifically for mammography including, but not limited to, tomosynthesis, the x-ray tube, filter, compression device, screens, film, and cassettes, and that has an average radiation exposure delivery of less than one rad mid-breast. "Screening mammography" includes two views for each breast. The term also includes the professional interpretation of the film.

"Screening mammography" does not include diagnostic mammography.

(B) Each employer in this state that provides, in whole or in part, health care benefits for its employees under a policy of sickness and accident insurance issued in accordance with Chapter 3923. of the Revised Code shall also provide to its employees benefits for the expenses of both of the following:

(1) Screening mammography to detect the presence of breast cancer in adult women;

(2) Cytologic screening for the presence of cervical cancer.

(C) An employer may comply with division (B) of this section in any of the following ways:

(1) By providing the benefits under a health insuring corporation contract issued in accordance with Chapter 1751. of the Revised Code or a policy of sickness and accident insurance issued in accordance with Chapter 3923. of the Revised Code;

(2) By reimbursing the employee for the direct health care

provider charges associated with receipt of the covered service;	191
(3) By making any other arrangement that provides the	192
benefits described in division (B) of this section.	193
(D) The benefits provided under division (B) (1) of this	194
section shall cover expenses in accordance with all of the	195
following:	196
(1) If a woman is at least thirty-five years of age but	197
under forty years of age, one screening mammography;	198
(2) If a woman is at least forty years of age but under	199
fifty years of age, either of the following:	200
(a) One screening mammography every two years;	201
(b) If a licensed physician has determined that the woman	202
has risk factors to breast cancer, one screening mammography	203
every year.	204
(3) If a woman is at least fifty years of age but under	205
sixty-five years of age, one screening mammography every year.	206
(E) As used in this division, "medicare reimbursement	207
rate" means the reimbursement rate paid in this state under the	208
medicare program for screening mammography that does not include	209
digitization or computer-aided detection, regardless of whether	210
the actual benefit includes digitization or computer-aided	211
detection.	212
(1) Subject to divisions (E) (2) and (3) of this section,	213
if a provider, hospital, or other health care facility provides	214
a service that is a component of the screening mammography	215
benefit in division (B) (1) of this section and submits a	216
separate claim for that component, a separate payment shall be	217
made to the provider, hospital, or other health care facility in	218



an amount that corresponds to the ratio paid by medicare in this 219  
state for that component. 220

(2) Regardless of whether separate payments are made for 221  
the benefit provided under division (B)(1) of this section, the 222  
total benefit for a screening mammography need not exceed one 223  
hundred thirty per cent of the medicare reimbursement rate in 224  
this state for screening mammography. If there is more than one 225  
medicare reimbursement rate in this state for screening 226  
mammography or a component of a screening mammography, the 227  
reimbursement limit shall be one hundred thirty per cent of the 228  
lowest medicare reimbursement rate in this state. 229

(3) The benefit paid in accordance with division (E)(1) of 230  
this section shall constitute full payment. No provider, 231  
hospital, or other health care facility shall seek or receive 232  
compensation in excess of the payment made in accordance with 233  
division (E)(1) of this section, except for approved deductibles 234  
and copayments. 235

(F) The benefits provided under division (B)(1) of this 236  
section shall be provided only for screening mammographies that 237  
are performed in a facility or mobile mammography screening unit 238  
that is accredited under the American college of radiology 239  
mammography accreditation program or in a hospital as defined in 240  
section 3727.01 of the Revised Code. 241

(G) The benefits provided under division (B)(2) of this 242  
section shall be provided only for cytologic screenings that are 243  
processed and interpreted in a laboratory certified by the 244  
college of American pathologists or in a hospital as defined in 245  
section 3727.01 of the Revised Code. 246

**Section 2.** That existing sections 1751.62, 3923.52, and 247

3923.54 of the Revised Code are hereby repealed.

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