As Introduced

132nd General Assembly Regular Session 2017-2018

S. B. No. 121

Senator Eklund

Cosponsors: Senators Yuko, Schiavoni

A BILL

То	amend sections 1751.62, 3923.52, and 3923.54 of	1
	the Revised Code to include tomosynthesis as	2
	part of required screening mammography benefits	3
	under health insurance policies.	4

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

Section 1. That sections 1/51.62, 3923.52, and 3923.54 of	5
the Revised Code be amended to read as follows:	6
Sec. 1751.62. (A) As used in this section:	7
(1) "Screening mammography" means a radiologic examination	8
utilized to detect unsuspected breast cancer at an early stage	9
in an asymptomatic woman and includes the x-ray examination of	10
the breast using equipment that is dedicated specifically for	11
mammography, including, but not limited to, tomosynthesis, the	12
x-ray tube, filter, compression device, screens, film, and	13
cassettes, and that has an average radiation exposure delivery	14
of less than one rad mid-breast. "Screening mammography"	15
includes two views for each breast. The term also includes the	16
professional interpretation of the film.	17
"Screening mammography" does not include diagnostic	18

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

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

(D) (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 total benefit for a screening mammography shall not exceed one hundred thirty per cent of the medicare reimbursement rate in this state for screening mammography. If there is more than one medicare reimbursement rate in this state for screening mammography or a component of a screening mammography, the reimbursement limit shall be one hundred thirty per cent of the lowest medicare reimbursement rate in this state.
- (3) The benefit paid in accordance with division (D)(1) of this section shall constitute full payment. No provider, hospital, or other health care facility shall seek or receive remuneration in excess of the payment made in accordance with division (D)(1) of this section, except for approved deductibles and copayments.
- (E) The benefits provided under division (B) (1) of this section shall be provided only for screening mammographies that are performed in a health care facility or mobile mammography screening unit that is accredited under the American college of radiology mammography accreditation program or in a hospital as defined in section 3727.01 of the Revised Code.

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(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	105
section shall cover expenses in accordance with all of the	106
following:	107
(1) If a woman is at least thirty-five years of age but	108
under forty years of age, one screening mammography;	109
(2) If a woman is at least forty years of age but under	110
fifty years of age, either of the following:	111
(a) One screening mammography every two years;	112
(b) If a licensed physician has determined that the woman	113
has risk factors to breast cancer, one screening mammography	114
every year.	115
(3) If a woman is at least fifty years of age but under	116
sixty-five years of age, one screening mammography every year.	117
(D) As used in this division, "medicare reimbursement	118
rate" means the reimbursement rate paid in this state under the	119
medicare program for screening mammography that does not include	120
digitization or computer-aided detection, regardless of whether	121
the actual benefit includes digitization or computer-aided	122
detection.	123
(1) Subject to divisions (D)(2) and (3) of this section,	124
if a provider, hospital, or other health care facility provides	125
a service that is a component of the screening mammography	126
benefit in division (B)(1) of this section and submits a	127
separate claim for that component, a separate payment shall be	128
made to the provider, hospital, or other health care facility in	129
an amount that corresponds to the ratio paid by medicare in this	130
state for that component.	131
(2) Regardless of whether separate payments are made for	132

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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
mammography accreditation program or in a hospital as defined in section 3727.01 of the Revised Code.	
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section 3727.01 of the Revised Code.	151 152
section 3727.01 of the Revised Code. (F) The benefits provided under division (B)(2) of this	151 152 153
section 3727.01 of the Revised Code. (F) The benefits provided under division (B)(2) of this section shall be provided only for cytologic screenings that are	151 152 153 154
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section 3727.01 of the Revised Code. (F) The benefits provided under division (B)(2) of this section shall be provided only for cytologic screenings that are processed and interpreted in a laboratory certified by the college of American pathologists or in a hospital as defined in	151 152 153 154 155 156

any hospital indemnity, medicare supplement, or other policy

that offers only supplemental benefits.

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Sec. 3923.54. (A) As used in this section, "screening	162
mammography" means a radiologic examination utilized to detect	163
unsuspected breast cancer at an early stage in asymptomatic	164
women and includes the x-ray examination of the breast using	165
equipment that is dedicated specifically for mammography	166
including, but not limited to, tomosynthesis, the x-ray tube,	167
filter, compression device, screens, film, and cassettes, and	168
that has an average radiation exposure delivery of less than one	169
rad mid-breast. "Screening mammography" includes two views for	170
each breast. The term also includes the professional	171
interpretation of the film.	172
"Screening mammography" does not include diagnostic	173
mammography.	174
(B) Each employer in this state that provides, in whole or	175
in part, health care benefits for its employees under a policy	176
of sickness and accident insurance issued in accordance with	177
Chapter 3923. of the Revised Code shall also provide to its	178
employees benefits for the expenses of both of the following:	179
(1) Screening mammography to detect the presence of breast	180
<pre>cancer in adult women;</pre>	181
(2) Cytologic screening for the presence of cervical	182
cancer.	183
(C) An employer may comply with division (B) of this	184
section in any of the following ways:	185
(1) By providing the benefits under a health insuring	186
corporation contract issued in accordance with Chapter 1751. of	187
the Revised Code or a policy of sickness and accident insurance	188
issued in accordance with Chapter 3923. of the Revised Code;	189
(2) By reimbursing the employee for the direct health care	190

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

3923.54 of the Revised Code are hereby repealed.