

**As Reported by the House Families, Aging, and Human Services
Committee**

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H. B. No. 371

Representatives Schmidt, Denson

**Cosponsors: Representatives Galonski, Troy, Weinstein, Miller, J., Ingram,
Creech, Abrams, Pavliga, White, Miranda, O'Brien, Bird, Miller, K., Ghanbari,
Young, T., Hoops, Lampton, John, Liston, Click, Edwards, Ginter, Grendell**

A BILL

To amend sections 1751.62, 3702.40, 3923.52, 1
3923.53, and 5164.08 of the Revised Code to 2
revise the laws governing coverage of screening 3
mammography and patient notice of dense breast 4
tissue. 5

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

Section 1. That sections 1751.62, 3702.40, 3923.52, 6
3923.53, and 5164.08 of the Revised Code be amended to read as 7
follows: 8

Sec. 1751.62. (A) As used in this section: 9

(1) "Screening mammography" means a radiologic examination 10
utilized to detect unsuspected breast cancer at an early stage 11
in an asymptomatic woman and includes the x-ray examination of 12
the breast using equipment that is dedicated specifically for 13
mammography, including, but not limited to, the x-ray tube, 14
filter, compression device, screens, film, and cassettes, and 15
that has an average radiation exposure delivery of less than one 16

rad mid-breast. "Screening mammography" includes digital breast 17
tomosynthesis. "Screening mammography" includes two views for 18
each breast. The term also includes the professional 19
interpretation of the film. 20

"Screening mammography" does not include diagnostic 21
mammography. 22

(2) "Medicare reimbursement rate" means the reimbursement 23
rate paid in Ohio under the medicare program for screening 24
mammography that does not include digitization or computer-aided 25
detection, regardless of whether the actual benefit includes 26
digitization or computer-aided detection. 27

(3) "Supplemental breast cancer screening" means any 28
additional screening method deemed medically necessary by a 29
treating health care provider for proper breast cancer screening 30
in accordance with applicable American college of radiology 31
guidelines, including magnetic resonance imaging, ultrasound, or 32
molecular breast imaging. 33

(B) ~~Every~~ Notwithstanding section 3901.71 of the Revised 34
Code, every individual or group health insuring corporation 35
policy, contract, or agreement providing basic health care 36
services that is delivered, issued for delivery, or renewed in 37
this state shall provide benefits for the expenses of ~~both~~ all 38
of the following: 39

(1) ~~Screening mammography to~~ To detect the presence of 40
breast cancer in adult women, screening mammography; 41

(2) ~~Cytologic screening for~~ To detect the presence of 42
breast cancer in adult women meeting either of the conditions 43
described in division (C) (2) of this section, supplemental 44
breast cancer screening; 45

(3) To detect the presence of cervical cancer, cytologic screening. 46
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(C) (1) The benefits provided under division (B) (1) of this section shall cover expenses in accordance with all of the following: 48
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~~(1) If a woman is at least thirty five years of age but under forty years of age, one screening mammography;~~ 51
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~~(2) If a woman is at least forty years of age but under fifty years of age, either of the following:~~ 53
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~~(a) One screening mammography every two years;~~ 55

~~(b) If a licensed physician has determined that the woman has risk factors to breast cancer, one screening mammography every year.~~ 56
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~~(3) If a woman is at least fifty years of age but under sixty five years of age, for one screening mammography every year, including digital breast tomosynthesis.~~ 59
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(2) The benefits provided under division (B) (2) of this section shall cover expenses for supplemental breast cancer screening for an adult woman who meets either of the following conditions: 62
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(a) The woman's screening mammography demonstrates, based on the breast imaging reporting and data system established by the American college of radiology, that the woman has dense breast tissue; 66
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(b) The woman is at an increased risk of breast cancer due to family history, prior personal history of breast cancer, ancestry, genetic predisposition, or other reasons as determined by the woman's health care provider. 70
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(D) (1) Subject to divisions (D) (2) and (3) of this 74
section, if a provider, hospital, or other health care facility 75
provides a service that is a component of the screening 76
mammography benefit in division (B) (1) of this section or a 77
component of the supplemental breast cancer screening benefit in 78
division (B) (2) of this section and submits a separate claim for 79
that component, a separate payment shall be made to the 80
provider, hospital, or other health care facility in an amount 81
that corresponds to the ratio paid by medicare in this state for 82
that component. 83

(2) Regardless of whether separate payments are made for 84
the benefit provided under division (B) (1) or (2) of this 85
section, the total benefit for a screening mammography or 86
supplemental breast cancer screening shall not exceed one 87
hundred thirty per cent of the medicare reimbursement rate in 88
this state for screening mammography or supplemental breast 89
cancer screening. If there is more than one medicare 90
reimbursement rate in this state for screening mammography or a 91
component of a screening mammography or supplemental breast 92
cancer screening or a component of supplemental breast cancer 93
screening, the reimbursement limit shall be one hundred thirty 94
per cent of the lowest medicare reimbursement rate in this 95
state. 96

(3) The benefit paid in accordance with division (D) (1) of 97
this section shall constitute full payment. No provider, 98
hospital, or other health care facility shall seek or receive 99
remuneration in excess of the payment made in accordance with 100
division (D) (1) of this section, except for approved deductibles 101
and copayments. 102

(E) The benefits provided under division (B) (1) or (2) of 103

this section shall be provided only for screening mammographies 104
or supplemental breast cancer screenings that are performed in a 105
health care facility or mobile mammography screening unit that 106
is accredited under the American college of radiology 107
mammography accreditation program or in a hospital as defined in 108
section 3727.01 of the Revised Code. 109

(F) The benefits provided under ~~divisions (B) (1) and (2)~~ 110
division (B) of this section shall be provided according to the 111
terms of the subscriber contract. 112

(G) The benefits provided under division ~~(B) (2)~~ (B) (3) of 113
this section shall be provided only for cytologic screenings 114
that are processed and interpreted in a laboratory certified by 115
the college of American pathologists or in a hospital as defined 116
in section 3727.01 of the Revised Code. 117

Sec. 3702.40. (A) As used in this section, "mammogram" and 118
"facility" have the same meanings as in section 263b(a) of the 119
"Mammography Quality Standards Act of 1992," 106 Stat. 3547 120
(1992), 42 U.S.C. 263b(a), as amended. 121

(B) As required by 21 C.F.R. 900.12(c) (2), a facility 122
shall send to each patient who has a mammogram at the facility a 123
summary of the written report containing the results of the 124
patient's mammogram. If, based on the breast imaging reporting 125
and data system established by the American college of 126
radiology, the patient's mammogram demonstrates that the patient 127
has dense breast tissue, the summary shall include the following 128
statement: 129

"Your mammogram ~~demonstrates~~ shows that ~~you have dense~~ 130
your breast tissue, ~~which could hide abnormalities~~ is dense. 131
Dense breast tissue, ~~in and of itself,~~ is a relatively very 132

~~common condition. Therefore, this information is not provided to~~ 133
~~cause undue concern; rather, it is to raise your awareness and~~ 134
~~promote discussion with your health care provider regarding the~~ 135
~~presence of dense breast tissue in addition to other risk~~ 136
~~factors~~ and is not abnormal. However, dense breast tissue can 137
make it harder to find cancer on a mammogram and also may 138
increase your risk of developing breast cancer. Because you have 139
dense breast tissue, you could benefit from additional imaging 140
tests such as a screening breast ultrasound or breast magnetic 141
resonance imaging. This information about your breast density is 142
being provided to you to raise your awareness. It is important 143
to continue routine screening mammograms and use this 144
information to speak with your health care provider about your 145
own risk for breast cancer. At that time, ask your health care 146
provider if more screening tests might be useful based on your 147
risk. A report of your mammogram results was sent to your health 148
care provider." 149

As required by 21 C.F.R. 900.12(c)(3), the facility shall 150
send to the patient's health care provider, if known, a copy of 151
the written report containing the results of the patient's 152
mammogram not later than thirty days after the mammogram was 153
performed. 154

(C) This section does not do either of the following: 155

(1) Create a new cause of action or substantive legal 156
right against a person, facility, or other entity; 157

(2) Create a standard of care, obligation, or duty for a 158
person, facility, or other entity that would provide the basis 159
for a cause of action or substantive legal right, other than the 160
duty to send the summary and written report described in 161
division (B) of this section. 162

Sec. 3923.52. (A) As used in this section and section 163
3923.53 of the Revised Code, ~~"screening mammography":~~ 164

(1) "Screening mammography" means a radiologic examination 165
utilized to detect unsuspected breast cancer at an early stage 166
in asymptomatic women and includes the x-ray examination of the 167
breast using equipment that is dedicated specifically for 168
mammography, including, but not limited to, the x-ray tube, 169
filter, compression device, screens, film, and cassettes, and 170
that has an average radiation exposure delivery of less than one 171
rad mid-breast. "Screening mammography" includes digital breast 172
tomosynthesis. "Screening mammography" includes two views for 173
each breast. The term also includes the professional 174
interpretation of the film. 175

"Screening mammography" does not include diagnostic 176
mammography. 177

(2) "Supplemental breast cancer screening" means any 178
additional screening method deemed medically necessary by a 179
treating health care provider for proper breast cancer screening 180
in accordance with applicable American college of radiology 181
guidelines, including magnetic resonance imaging, ultrasound, or 182
molecular breast imaging. 183

(B) ~~Every~~ Notwithstanding section 3901.71 of the Revised 184
Code, every policy of individual or group sickness and accident 185
insurance that is delivered, issued for delivery, or renewed in 186
this state shall provide benefits for the expenses of ~~both~~ all 187
of the following: 188

(1) ~~Screening mammography to~~ To detect the presence of 189
breast cancer in adult women, screening mammography; 190

(2) ~~Cytologic screening for~~ To detect the presence of 191

<u>breast cancer in adult women meeting either of the conditions</u>	192
<u>described in division (C) (2) of this section, supplemental</u>	193
<u>breast cancer screening;</u>	194
<u>(3) To detect the presence of cervical cancer, cytologic</u>	195
<u>screening.</u>	196
(C) <u>(1) The benefits provided under division (B) (1) of this</u>	197
<u>section shall cover expenses in accordance with all of the</u>	198
<u>following:</u>	199
(1) If a woman is at least thirty five years of age but	200
under forty years of age, one screening mammography;	201
(2) If a woman is at least forty years of age but under	202
fifty years of age, either of the following:	203
(a) One screening mammography every two years;	204
(b) If a licensed physician has determined that the woman	205
has risk factors to breast cancer, one screening mammography	206
every year.	207
(3) If a woman is at least fifty years of age but under	208
sixty five years of age, for one screening mammography every	209
year, including digital breast tomosynthesis.	210
<u>(2) The benefits provided under division (B) (2) of this</u>	211
<u>section shall cover expenses for supplemental breast cancer</u>	212
<u>screening for an adult woman who meets either of the following</u>	213
<u>conditions:</u>	214
<u>(a) The woman's screening mammography demonstrates, based</u>	215
<u>on the breast imaging reporting and data system established by</u>	216
<u>the American college of radiology, that the woman has dense</u>	217
<u>breast tissue;</u>	218

(b) The woman is at an increased risk of breast cancer due 219
to family history, prior personal history of breast cancer, 220
ancestry, genetic predisposition, or other reasons as determined 221
by the woman's health care provider. 222

(D) As used in this division, "medicare reimbursement 223
rate" means the reimbursement rate paid in this state under the 224
medicare program for screening mammography that does not include 225
digitization or computer-aided detection, regardless of whether 226
the actual benefit includes digitization or computer-aided 227
detection. 228

(1) Subject to divisions (D) (2) and (3) of this section, 229
if a provider, hospital, or other health care facility provides 230
a service that is a component of the screening mammography 231
benefit in division (B) (1) of this section or a component of the 232
supplemental breast cancer screening benefit in division (B) (2) 233
of this section and submits a separate claim for that component, 234
a separate payment shall be made to the provider, hospital, or 235
other health care facility in an amount that corresponds to the 236
ratio paid by medicare in this state for that component. 237

(2) Regardless of whether separate payments are made for 238
the benefit provided under division (B) (1) or (2) of this 239
section, the total benefit for a screening mammography or 240
supplemental breast cancer screening shall not exceed one 241
hundred thirty per cent of the medicare reimbursement rate in 242
this state for screening mammography or supplemental breast 243
cancer screening. If there is more than one medicare 244
reimbursement rate in this state for screening mammography or a 245
component of a screening mammography or supplemental breast 246
cancer screening or a component of supplemental breast cancer 247
screening, the reimbursement limit shall be one hundred thirty 248

per cent of the lowest medicare reimbursement rate in this 249
state. 250

(3) The benefit paid in accordance with division (D)(1) of 251
this section shall constitute full payment. No provider, 252
hospital, or other health care facility shall seek or receive 253
compensation in excess of the payment made in accordance with 254
division (D)(1) of this section, except for approved deductibles 255
and copayments. 256

(E) The benefits provided under division (B)(1) or (2) of 257
this section shall be provided only for screening mammographies 258
or supplemental breast cancer screenings that are performed in a 259
facility or mobile mammography screening unit that is accredited 260
under the American college of radiology mammography 261
accreditation program or in a hospital as defined in section 262
3727.01 of the Revised Code. 263

(F) The benefits provided under division ~~(B)(2)~~ (B)(3) of 264
this section shall be provided only for cytologic screenings 265
that are processed and interpreted in a laboratory certified by 266
the college of American pathologists or in a hospital as defined 267
in section 3727.01 of the Revised Code. 268

(G) This section does not apply to any policy that 269
provides coverage for specific diseases or accidents only, or to 270
any hospital indemnity, medicare supplement, or other policy 271
that offers only supplemental benefits. 272

Sec. 3923.53. (A) ~~Every~~ Notwithstanding section 3901.71 of 273
the Revised Code, every public employee benefit plan that is 274
established or modified in this state shall provide benefits for 275
the expenses of ~~both~~ all of the following: 276

(1) ~~Screening mammography to~~ To detect the presence of 277

breast cancer in adult women, <u>screening mammography;</u>	278
(2) Cytologic screening for <u>To detect the presence of</u>	279
<u>breast cancer in adult women meeting any of the conditions</u>	280
<u>described in division (B)(2) of this section, supplemental</u>	281
<u>breast cancer screening;</u>	282
(3) <u>To detect</u> the presence of cervical cancer, <u>cytologic</u>	283
<u>screening.</u>	284
(B) <u>(1)</u> The benefits provided under division (A)(1) of this	285
section shall cover expenses in accordance with all of the	286
following:	287
(1) If a woman is at least thirty-five years of age but	288
under forty years of age, one screening mammography;	289
(2) If a woman is at least forty years of age but under	290
fifty years of age, either of the following:	291
(a) One screening mammography every two years;	292
(b) If a licensed physician has determined that the woman	293
has risk factors to breast cancer, one screening mammography	294
every year.	295
(3) If a woman is at least fifty years of age but under	296
sixty-five years of age, <u>for</u> one screening mammography every	297
year, <u>including digital breast tomosynthesis.</u>	298
(2) <u>The benefits provided under division (A)(2) of this</u>	299
<u>section shall cover expenses for supplemental breast cancer</u>	300
<u>screening for an adult woman who meets any of the following</u>	301
<u>conditions:</u>	302
<u>(a) The woman's screening mammography demonstrates, based</u>	303
<u>on the breast imaging reporting and data system established by</u>	304

the American college of radiology, that the woman has dense 305
breast tissue; 306

(b) The woman is at an increased risk of breast cancer due 307
to family history, prior personal history of breast cancer, 308
ancestry, genetic predisposition, or other reasons as determined 309
by the woman's health care provider. 310

(C) As used in this division, "medicare reimbursement 311
rate" means the reimbursement rate paid in this state under the 312
medicare program for screening mammography that does not include 313
digitization or computer-aided detection, regardless of whether 314
the actual benefit includes digitization or computer-aided 315
detection. 316

(1) Subject to divisions (C) (2) and (3) of this section, 317
if a provider, hospital, or other health care facility provides 318
a service that is a component of the screening mammography 319
benefit in division (A) (1) of this section or a component of the 320
supplemental breast cancer screening benefit in division (A) (2) 321
of this section and submits a separate claim for that component, 322
a separate payment shall be made to the provider, hospital, or 323
other health care facility in an amount that corresponds to the 324
ratio paid by medicare in this state for that component. 325

(2) Regardless of whether separate payments are made for 326
the benefit provided under division (A) (1) or (2) of this 327
section, the total benefit for a screening mammography or 328
supplemental breast cancer screening shall not exceed one 329
hundred thirty per cent of the medicare reimbursement rate in 330
this state for screening mammography or supplemental breast 331
cancer screening. If there is more than one medicare 332
reimbursement rate in this state for screening mammography or a 333
component of a screening mammography or supplemental breast 334

cancer screening or a component of supplemental breast cancer 335
screening, the reimbursement limit shall be one hundred thirty 336
per cent of the lowest medicare reimbursement rate in this 337
state. 338

(3) The benefit paid in accordance with division (C)(1) of 339
this section shall constitute full payment. No provider, 340
hospital, or other health care facility shall seek or receive 341
compensation in excess of the payment made in accordance with 342
division (C)(1) of this section, except for approved deductibles 343
and copayments. 344

(D) The benefits provided under division (A)(1) or (2) of 345
this section shall be provided only for screening mammographies 346
or supplemental breast cancer screenings that are performed in a 347
facility or mobile mammography screening unit that is accredited 348
under the American college of radiology mammography 349
accreditation program or in a hospital as defined in section 350
3727.01 of the Revised Code. 351

(E) The benefits provided under division ~~(A)(2)~~ (A)(3) of 352
this section shall be provided only for cytologic screenings 353
that are processed and interpreted in a laboratory certified by 354
the college of American pathologists or in a hospital as defined 355
in section 3727.01 of the Revised Code. 356

Sec. 5164.08. (A) As used in this section, ~~"screening-~~ 357
~~mammography":~~ 358

(1) "Screening mammography" means a radiologic examination 359
utilized to detect unsuspected breast cancer at an early stage 360
in asymptomatic women and includes the x-ray examination of the 361
breast using equipment that is dedicated specifically for 362
mammography, including the x-ray tube, filter, compression 363

device, screens, film, and cassettes, and that has an average 364
radiation exposure delivery of less than one rad mid-breast. 365
"Screening mammography" includes digital breast tomosynthesis. 366
"Screening mammography" includes two views for each breast. The 367
term also includes the professional interpretation of the film. 368

"Screening mammography" does not include diagnostic 369
mammography. 370

(2) "Supplemental breast cancer screening" means any 371
additional screening method deemed medically necessary by a 372
treating health care provider for proper breast cancer screening 373
in accordance with applicable American college of radiology 374
guidelines, including magnetic resonance imaging, ultrasound, or 375
molecular breast imaging. 376

(B) The medicaid program shall cover ~~both~~ all of the 377
following: 378

(1) ~~Screening mammography to~~ To detect the presence of 379
breast cancer in adult women, screening mammography; 380

(2) ~~Cytologic screening for~~ To detect the presence of 381
breast cancer in adult women meeting any of the conditions 382
described in division (C) (2) of this section, supplemental 383
breast cancer screening; 384

(3) To detect the presence of cervical cancer, cytologic 385
screening. 386

(C) ~~(1)~~ The medicaid program's coverage ~~of screening-~~ 387
~~mammography~~ pursuant to division (B) (1) of this section shall ~~be-~~ 388
~~provided in accordance with all of the following:-~~ 389

~~(1) If a woman is at least thirty five years of age but 390
under forty years of age, one screening mammography;~~ 391

~~(2) If a woman is at least forty years of age but under
fifty years of age, either of the following:~~ 392
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~~(a) One screening mammography every two years;~~ 394

~~(b) If a licensed physician has determined that the woman
has risk factors to breast cancer, one screening mammography
every year.~~ 395
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~~(3) If a woman is at least fifty years of age but under
sixty five years of age, cover expenses for one screening
mammography every year, including digital breast tomosynthesis.~~ 398
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(2) The medicaid program's coverage pursuant to division
(B) (2) of this section shall cover expenses for supplemental
breast cancer screening for an adult woman who meets any of the
following conditions: 401
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(a) The woman's screening mammography demonstrates, based
on the breast imaging reporting and data system established by
the American college of radiology, that the woman has dense
breast tissue; 405
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(b) The woman is at an increased risk of breast cancer due
to family history, prior personal history of breast cancer,
ancestry, genetic predisposition, or other reasons as determined
by the woman's health care provider. 409
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(D) The medicaid program's coverage of screening 413
mammographies pursuant to division (B) (1) or (2) of this section 414
shall be provided only for screening mammographies or 415
supplemental breast cancer screenings that are performed in a 416
facility or mobile mammography screening unit that is accredited 417
under the American college of radiology mammography 418
accreditation program or in a hospital as defined in section 419
3727.01 of the Revised Code. 420

(E) The medicaid program's coverage of cytologic 421
screenings pursuant to division ~~(B) (2)~~ (B) (3) of this section 422
shall be provided only for cytologic screenings that are 423
processed and interpreted in a laboratory certified by the 424
college of American pathologists or in a hospital as defined in 425
section 3727.01 of the Revised Code. 426

Section 2. That existing sections 1751.62, 3702.40, 427
3923.52, 3923.53, and 5164.08 of the Revised Code are hereby 428
repealed. 429

Section 3. Section 1751.62 of the Revised Code, as amended 430
by this act, applies only to arrangements, policies, contracts, 431
and agreements that are created, delivered, issued for delivery, 432
or renewed in this state on or after the effective date of the 433
amendment. Section 3923.52 of the Revised Code, as amended by 434
this act, applies only to policies of sickness and accident 435
insurance delivered, issued for delivery, or renewed in this 436
state on or after the effective date of the amendment. Section 437
3923.53 of the Revised Code, as amended by this act, applies 438
only to public employee benefit plans that are established or 439
modified in this state on or after the effective date of the 440
amendment. 441