

AMENDED IN SENATE APRIL 6, 2022

AMENDED IN SENATE MARCH 17, 2022

**SENATE BILL**

**No. 974**

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**Introduced by Senator Portantino**

(Principal coauthor: Assembly Member Cristina Garcia)

**(Coauthors: Senators Archuleta, Borgeas, Hueso, and Nielsen)**

(Coauthors: Assembly Members Cooley and Luz Rivas)

February 10, 2022

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An act to amend Section 1367.65 of the Health and Safety Code, and to amend Section 10123.81 of the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 974, as amended, Portantino. Health care coverage: diagnostic imaging.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract issued, amended, delivered, or renewed on or after January 1, 2000, or an individual or group policy of disability insurance or self-insured employee welfare benefit plan to provide coverage for mammography for screening or diagnostic purposes upon referral by specified professionals. Under existing law, mammography performed pursuant to those requirements or that meets the current recommendations of the United States Preventive Services Task Force is provided to an enrollee or an insured without cost sharing.

This bill would require a health care service plan ~~contract or health insurance policy contract~~, an individual or group policy of disability insurance that provides hospital, medical, or surgical coverage, or a self-insured employee welfare benefit plan issued, amended, or renewed on or after January 1, 2023, to provide coverage without imposing cost sharing for *screening mammography and* medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and for an enrollee or insured indicated to have a risk factor associated with breast cancer.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
 State-mandated local program: yes.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 1367.65 of the Health and Safety Code
- 2 is amended to read:
- 3 1367.65. (a) (1) A health care service plan contract issued,
- 4 amended, or renewed on or after January 1, 2000, excluding a
- 5 specialized health care service plan contract, shall provide coverage
- 6 for mammography for screening or diagnostic purposes upon
- 7 referral by a participating nurse practitioner, participating certified
- 8 nurse-midwife, participating physician assistant, or participating
- 9 physician, providing care to the patient and operating within the
- 10 scope of practice provided under existing law.
- 11 (2) This subdivision does not prevent application of copayment
- 12 or deductible provisions in a plan, nor shall this subdivision be
- 13 construed to require that a plan be extended to cover any other
- 14 procedures under an individual or a group health care service plan
- 15 contract.
- 16 (b) A health care service plan contract issued, amended, or
- 17 renewed on or after January 1, 2023, excluding a specialized health
- 18 care service plan contract, shall provide coverage without imposing
- 19 cost sharing for *screening mammography and* medically necessary
- 20 diagnostic breast imaging, including diagnostic breast imaging
- 21 following an abnormal mammography result and for an enrollee

1 indicated to have a risk factor associated with breast cancer,  
2 including family history or known genetic mutation. Diagnostic  
3 breast imaging includes breast magnetic resonance imaging, breast  
4 ultrasound, and other clinically indicated diagnostic testing.

5 (c) This section does not authorize an enrollee to receive the  
6 services required to be covered by this section if those services  
7 are furnished by a nonparticipating provider, unless the enrollee  
8 is referred to that provider by a participating physician, nurse  
9 practitioner, or certified nurse-midwife providing care.

10 SEC. 2. Section 10123.81 of the Insurance Code is amended  
11 to read:

12 10123.81. (a) (1) An individual or group policy of disability  
13 insurance or self-insured employee welfare benefit plan shall be  
14 deemed to provide coverage for mammography for screening or  
15 diagnostic purposes upon the referral of a participating nurse  
16 practitioner, participating certified nurse-midwife, participating  
17 physician assistant, or participating physician, providing care to  
18 the patient and operating within the scope of practice provided  
19 under existing law.

20 (2) This subdivision does not prevent the application of  
21 copayment or deductible provisions in a policy, nor does this  
22 section require that a policy be extended to cover any other  
23 procedures under an individual or a group policy.

24 (b) ~~A health insurance policy~~ *An individual or group policy of*  
25 *disability insurance that provides hospital, medical, or surgical*  
26 *coverage or a self-insured employee welfare benefit plan* issued,  
27 amended, or renewed on or after January 1, 2023, shall provide  
28 coverage without imposing cost sharing for ~~medically screening~~  
29 *mammography and necessary diagnostic breast imaging, including*  
30 *diagnostic breast imaging following an abnormal mammography*  
31 *result and for an insured indicated to have a risk factor associated*  
32 *with breast cancer, including family history or known genetic*  
33 *mutation. Diagnostic breast imaging includes breast magnetic*  
34 *resonance imaging, breast ultrasound, and other clinically indicated*  
35 *diagnostic testing.*

36 (c) This section does not authorize a policyholder to receive the  
37 services required to be covered by this section if those services  
38 are furnished by a nonparticipating provider, unless the  
39 policyholder is referred to that provider by a participating

1 physician, nurse practitioner, or certified nurse-midwife providing  
2 care.

3 (d) This section does not apply to specialized health insurance,  
4 Medicare supplement insurance, CHAMPUS supplement insurance,  
5 or TRI-CARE supplement insurance, or to hospital indemnity,  
6 accident-only, or specified disease insurance.

7 SEC. 3. No reimbursement is required by this act pursuant to  
8 Section 6 of Article XIII B of the California Constitution because  
9 the only costs that may be incurred by a local agency or school  
10 district will be incurred because this act creates a new crime or  
11 infraction, eliminates a crime or infraction, or changes the penalty  
12 for a crime or infraction, within the meaning of Section 17556 of  
13 the Government Code, or changes the definition of a crime within  
14 the meaning of Section 6 of Article XIII B of the California  
15 Constitution.