

94142

02/03/11 03:53 PM  
RN 11 02999 PAGE 1

# AUTHOR'S COPY

## LEGISLATIVE COUNSEL'S DIGEST

Bill No.

as introduced, Simitian.

General Subject: Health care coverage: mammograms.



Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of its provisions a crime. Existing law provides for the licensure and regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts, except specialized health care service plan contracts, and certain health insurance policies to provide a certain level of coverage for mammograms and breast cancer screening and diagnosis, as specified.

This bill would require those health care service plan contracts and health insurance policies to include additional benefits for comprehensive ~~ultrasound~~ screening under specified circumstances. The bill would require a patient receiving treatment

94142

02/03/11 03:53 PM  
RN 11 02999 PAGE 2

under those coverage provisions to also receive information on breast density, as specified.

Because a willful violation of the bill's provisions under the Knox-Keene Act is a crime, the bill would impose a state-mandated local program.

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.



110299942428110651

94142

02/03/11 03:53 PM  
RN 11 02999 PAGE 1

# AUTHOR'S COPY

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.



110299991428114981

94142

02/03/11 03:53 PM  
RN 11 02999 PAGE 2

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 1367.65 of the Health and Safety Code is amended to read:

1367.65. (a) (1) On or after January 1, 2000, every health care service plan contract, except a specialized health care service plan contract, that is issued, amended, delivered, or renewed shall be deemed to provide coverage for mammography for screening or diagnostic purposes upon referral by a participating nurse practitioner, participating certified nurse midwife, or participating physician and surgeon, providing care to the patient and operating within the scope of practice provided under existing law.

(2) In addition to the coverage required under paragraph (1), on or after January 1, 2012, every health care service plan contract that is issued, amended, delivered, or renewed shall also provide additional benefits for comprehensive ~~ultrasound~~ screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and Data System established by the American College of Radiology or if a patient is believed to be at increased risk for breast cancer due to family history or prior history of breast cancer, positive genetic testing, or other indications as determined by his or her nurse practitioner, nurse midwife, or physician and surgeon.

(3) On and after January 1, 2012, every mammography report provided to a patient pursuant to the coverage specified under paragraph (1) or (2) shall include information about breast density, based on the Breast Imaging Reporting and Data



11029991428111

94142

02/03/11 03:53 PM  
RN 11 02999 PAGE 3

System established by the American College of Radiology. When applicable, the report shall also include the following notice:

“If your mammogram demonstrates that you have dense breast tissue, which could hide small abnormalities, you might benefit from supplementary screening tests, which can include a breast ultrasound screening or a breast MRI examination, or both, depending on your individual risk factors. A report of your mammography results, which contains information about your breast density, has been sent to your physician’s office and you should contact your physician if you have any questions or concerns about this report.”

(b) Nothing in this section shall be construed to prevent application of copayment or deductible provisions in a plan, nor shall this section be construed to require that a plan be extended to cover any other procedures under an individual or a group health care service plan contract. Nothing in this section shall be construed to authorize a plan enrollee to receive the services required to be covered by this section if those services are furnished by a nonparticipating provider, unless the plan enrollee is referred to that provider by a participating physician and surgeon, nurse practitioner, or certified nurse midwife providing care.

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

10123.81. (a) On or after January 1, 2000, every individual or group policy of disability insurance or self-insured employee welfare benefit plan that is issued, amended, or renewed, shall be deemed to provide coverage for at least the following,



1107634253

94142

02/03/11 03:53 PM  
RN 11 02999 PAGE 4

upon the referral of a nurse practitioner, certified nurse midwife, or physician and surgeon, providing care to the patient and operating within the scope of practice provided under existing law for breast cancer screening or diagnostic purposes:

~~(a)~~

(1) A baseline mammogram for women age 35 to 39, inclusive.

~~(b)~~

(2) A mammogram for women age 40 to 49, inclusive, every two years or more frequently based on the woman's physician's recommendation.

~~(c)~~

(3) A mammogram every year for women age 50 and over.

(b) In addition to the coverage required under subdivision (a), on or after January 1, 2012, every health insurance policy that is issued, amended, delivered, or renewed shall also provide additional benefits for comprehensive ~~ultrasound~~ screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and Data System established by the American College of Radiology or if a patient is believed to be at increased risk for breast cancer due to family history or prior history of breast cancer, positive genetic testing, or other indications as determined by his or her nurse practitioner, nurse midwife, or physician and surgeon.

(c) On and after January 1, 2012, every mammography report provided to a patient pursuant to the coverage specified under subdivision (a) or (b) shall include information about breast density, based on the Breast Imaging Reporting and Data



1107999414281185.1

94142

02/03/11 03:53 PM  
RN 11 02999 PAGE 5

System established by the American College of Radiology. When applicable, the report shall also include the following notice:

"If your mammogram demonstrates that you have dense breast tissue, which could hide small abnormalities, you might benefit from supplementary screening tests, which can include a breast ultrasound screening or a breast MRI examination, or both, depending on your individual risk factors. A report of your mammography results, which contains information about your breast density, has been sent to your physician's office and you should contact your physician if you have any questions or concerns about this report."

~~Nothing~~

(d) ~~Nothing~~ in this section shall be construed to require an individual or group policy to cover the surgical procedure known as mastectomy or to prevent application of deductible or copayment provisions contained in the policy or plan, nor shall this section be construed to require that coverage under an individual or group policy be extended to any other procedures.

~~Nothing~~

(e) ~~Nothing~~ in this section shall be construed to authorize an insured or plan member to receive the coverage required by this section if that coverage is furnished by a nonparticipating provider, unless the insured or plan member is referred to that provider by a participating physician and surgeon, nurse practitioner, or certified nurse midwife providing care.



13077078718466011

94142

02/03/11 03:53 PM  
RN 11 02999 PAGE 6

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

- 0 -



110299941UBILL4852