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Bill Analysis
Legislative Service Commission

H.B. 331

125th General Assembly
(As Introduced)

Reps. Schmidt, Schneider, Hughes, Clancy, Raga, Schlichter, Webster, T. Patton, Grendell, Flowers, Barrett, J. Stewart, Miller, Allen, DeBose, McGregor, Latta, S. Patton, Key, Kearns, Brown, Jerse, Beatty, Harwood, Kilbane, Walcher

BILL SUMMARY

- Increases to \$105 a year the cap on the amount of benefits certain insurance policies and plans provide for the expense of screening mammographies.
- Requires the amount of benefits provided by an insurer for screening mammographies to be adjusted annually to reflect the rate of inflation for medical services in the previous calendar year.
- Modifies the definition of "screening mammography."

CONTENT AND OPERATION

Coverage for screening mammographies--current law

(R.C. 1751.62, 3923.52, 3923.53, and 3923.54)

Every policy of individual or group sickness and accident insurance¹ and health insuring corporation policy, contract, or agreement² that is delivered, issued

¹ "Policy of sickness and accident insurance" includes any policy, contract, or certificate of insurance against loss or expense resulting from the sickness of the insured, or from the bodily injury or death of the insured by accident, or both, that is delivered, issued for delivery, renewed, or used in Ohio. Revised Code § 3923.01.

² "Health insuring corporation" means a corporation formed under Revised Code Chapter 1701. (general corporation law) or 1702. (nonprofit corporation law), or the similar laws of another state, that pursuant to a policy, contract, certificate, or agreement, pays for, reimburses, or provides, delivers, arranges for, or otherwise makes

for delivery, or renewed in this state, every public employee benefit plan,³ and every policy of sickness and accident insurance provided by an employer that is established or modified in this state must offer benefits for screening mammography to detect the presence of breast cancer in adult women. "Screening mammography" is defined as 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 dedicated specifically for mammography, including the x-ray tube, filter, compression device, screens, film, and cassettes that has an average radiation exposure delivery of less than one rad mid-breast. It includes two views for each breast. The term also includes the professional interpretation of the film, but does not include diagnostic mammography.

Excepted from the above requirement are individual or group sickness and accident insurance policies that provide coverage for specific diseases or accidents only, and hospital indemnity, medicare supplement, or other policies that offer only supplemental benefits.

Current law specifies the level of benefits that must be offered for screening mammography, which varies based on a woman's age:

- If a woman is at least age 35, but under age 40, the policy must cover one screening mammography.
- If a woman is at least age 40 but under age 50, either of the following:
 - One screening mammography every two years.
 - If a licensed physician has determined that the woman has risk factors to breast cancer, one screening mammography every year.
- If a woman is at least age 50 but under age 65, one screening mammography every year.

available, basic health care services, supplemental health care services, or specialty health care services, or a combination of basic health care services and either supplemental health care services or specialty health care services, through either an open panel plan or a closed panel plan. R.C. § 1751.01(N).

³ "Public employee benefit plan" is not defined in the Revised Code.

Current law prescribes that the benefits for screening mammography must not exceed \$85 per year unless a lower amount is established pursuant to a provider contract. These benefits must constitute full payment; institutional and professional health care providers are precluded from seeking or receiving compensation in excess of the benefit amount, except for approved deductibles and copayments.

Benefits for screening mammography must be provided only for screening mammographies that are performed in a facility or mobile mammography screening unit that is in a hospital or is accredited under the American College of Radiology Mammography Accreditation Program.

Coverage for screening mammographies--the bill

The bill modifies current law in two respects: (1) it clarifies the definition of "screening mammography" and (2) it increases the cap on the amount of benefits for the expense of screening mammographies and provides for the annual adjustment of this cap to reflect inflation.

The bill modifies the definition of "screening mammography" to reflect that the definition includes x-ray examination of the breast using equipment dedicated specifically for mammography, including, *but not limited to*, the x-ray tube, filter, compression device, screens, film, and cassettes.

The bill also increases the cap on the amount of the benefits for the expense of screening mammographies to \$105 a year (from \$85 a year). It further provides that the amount of benefits that may be provided are to be adjusted annually to reflect the rate of inflation for medical services in the previous calendar year.

HISTORY

ACTION	DATE	JOURNAL ENTRY
Introduced	11-13-03	p. 1159

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