THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 359 Session of 2013

INTRODUCED BY MENSCH, TEPLITZ, VULAKOVICH, KASUNIC, WASHINGTON, HUGHES, WILLIAMS, FARNESE, TARTAGLIONE, ERICKSON, RAFFERTY, FERLO, SOLOBAY, WAUGH, ALLOWAY, COSTA, BOSCOLA, BAKER, BREWSTER AND WOZNIAK, JANUARY 31, 2013

REFERRED TO BANKING AND INSURANCE, JANUARY 31, 2013

AN ACT

1 Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An
2   act relating to insurance; amending, revising, and
3   consolidating the law providing for the incorporation of
4   insurance companies, and the regulation, supervision, and
5   protection of home and foreign insurance companies, Lloyds
6   associations, reciprocal and inter-insurance exchanges, and
7   fire insurance rating bureaus, and the regulation and
8   supervision of insurance carried by such companies,
9   associations, and exchanges, including insurance carried by
10   the State Workmen's Insurance Fund; providing penalties; and
11   repealing existing laws," further providing for coverage for
12   mammographic examinations.

13   The General Assembly of the Commonwealth of Pennsylvania

14 hereby enacts as follows:

15   Section 1. Section 632 of the act of May 17, 1921 (P.L.682,

16 No.284), known as The Insurance Company Law of 1921, amended

17 December 15, 1992, (P.L.1129, No.148), is amended to read:

18   Section 632. Coverage for Mammographic Examinations.-- (a)

19 All group or individual health or sickness or accident insurance

20 policies providing hospital or medical/surgical coverage and all

21 group or individual subscriber contracts or certificates issued

22 by any entity subject to 40 Pa.C.S. Ch. 61 (relating to hospital

plan corporations) or 63 (relating to professional health
services plan corporations), this act, the act of December 29,
1972 (P.L.1701, No.364), known as the "Health Maintenance
Organization Act," the act of July 29, 1977 (P.L.105, No.38),
known as the "Fraternal Benefit Society Code," or an employe
welfare benefit plan as defined in section 3 of the Employee
Retirement Income Security Act of 1974 (Public Law 93-406, 29
U.S.C. § 1001 et seq.) providing hospital or medical/surgical
coverage shall also provide coverage for mammographic
examinations. The minimum coverage required shall include all
costs associated with a mammogram every year for women 40 years
of age or older and with any mammogram based on a physician's
recommendation for women under 40 years of age, including
ultrasound screening, magnetic resonance imaging or other
supplemental screening 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 woman is believed to be at increased risk for breast cancer
due to family history or prior personal history of breast
cancer, positive genetic testing or other indications as deemed
medically necessary by a physician. Prior to payment for a
screening mammogram, insurers shall verify that the screening
mammography service provider is properly licensed by the
department in accordance with the act of July 9, 1992 (P.L.449,
No.93), known as the "Mammography Quality Assurance Act."
Nothing in this section shall be construed to require an insurer
to cover the surgical procedure known as mastectomy or to
prevent application of deductible or copayment provisions
contained in the policy or plan.

(b) This section shall not apply to the following types of

1 policies:

2   (1) Accident only.

3   (2) Limited benefit.

4   (3) Credit.

5   (4) Dental.

6   (5) Vision.

7   (6) Specified disease.

8   (7) Medicare supplement.

9   (8) Civilian Health and Medical Program of the Uniformed

10 Services (CHAMPUS) supplement.

11   (9) Long-term care or disability income.

12   (10) Workers' compensation.

13   (11) Automobile medical payment.

14   Section 2. This act shall take effect in 60 days.