

SENATE APPROPRIATIONS COMMITTEE FISCAL NOTE

BILL NO. Senate Bill 1225

PRINTER NO. 1932

AMOUNT

See Fiscal Impact

FUND

General Fund

DATE INTRODUCED

May 9, 2022

PRIME SPONSOR

Senator Mensch

DESCRIPTION

Senate Bill 1225 amends the Insurance Company Law of 1921 to remove a provision requiring patient cost-sharing. Senate Bill 1225 specifies that minimum coverage required includes all costs associated with one supplemental breast screening every year.

The bill removes a provision pertaining to mastectomy coverage and blanket allowance of patient cost-sharing and replaces that provision with an express requirement for prior authorization and application of cost-sharing for breast imaging in excess of the one annual supplemental screening.

The bill defines “supplemental breast screening” as a medically necessary and clinically appropriate examination of the breast using either standard or abbreviated magnetic resonance imaging or, if such imaging is not possible, ultrasound if recommended by the treating physician to screen for breast cancer when there is no abnormality seen or suspected in the breast.

Applicability shall be 180 days after the effective date for health insurance policies for which neither rates nor forms are required or upon the first filing on or after the effective date for health policies for which either rates or forms are required to be filed with the Insurance Department or the federal government.

This act shall take effect in 60 days.

FISCAL IMPACT:

Act 52 of 2020 provided for insurance coverage for heterogeneously dense breasts. Senate Bill 1225 removes provisions requiring patient cost sharing for this procedure.

The federal Affordable Care Act (ACA) establishes a list of Essential Health Benefits (EHB) that must be covered by any insurance plan offered on the health insurance exchange. If a state mandates coverage in addition to the EHB, the state may have to pay the cost of that mandate. However, while this requirement has been a part of the ACA since its passage, the federal government has yet to require any such payments from a state.

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The additional diagnostic breast imaging required by Act 52 of 2020 is not a part of the current federal EHB. In the future, there is a possibility that the federal government might require the state to pay for the cost of the additional coverage requirements and for any costs from the elimination of patient cost-sharing included in Senate Bill 1225.