

SENATE APPROPRIATIONS COMMITTEE FISCAL NOTE

BILL NO. Senate Bill 8

PRINTER NO. 290

AMOUNT

See Fiscal Impact

FUND

General Fund

DATE INTRODUCED

February 14, 2023

PRIME SPONSOR

Senator K. Ward

DESCRIPTION

Senate Bill 8 amends the Insurance Company Law of 1921 by removing a provision requiring patient cost-sharing for breast imaging and adding a new section to require insurance coverage for all costs associated with genetic counseling and genetic testing for BRCA gene mutations for individuals at increased risk. Senate Bill 8 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.

The bill requires group and individual health insurance policies to cover genetic counseling and genetic testing. The minimum coverage shall include all costs associated with genetic counseling and, if indicated after counseling, genetic testing for individuals at increased risk of BRCA 1 or BRCA 2 gene mutations due to personal or family history of breast or ovarian cancer.

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:

Senate Bill 8 is expected to have no fiscal impact on Commonwealth funds. 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

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exchange. If a state mandates coverage in addition to the EHB, the state may have to pay the cost of that mandate. Therefore, the federal government could require the state to pay for the cost of the additional coverage in the future, but it has never required such payments from a state since the ACA has been in effect.

The genetic counseling and genetic testing provision required by Senate Bill 8 and its removal of patient cost sharing for additional diagnostic breast imaging required by Act 52 of 2020 is not a part of the current federal EHB requirements. There is a possibility that the federal government might require the state to pay for the cost of the additional coverage in the future.