

INSURANCE COMPANY LAW OF 1921 - COVERAGE FOR MAMMOGRAPHIC  
EXAMINATIONS

Act of Jul. 1, 2020, P.L. 572, No. 52

Cl. 40

Session of 2020

No. 2020-52

SB 595

AN ACT

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

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Section 632 of the act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921, is amended to read:

Section 632. Coverage for Mammographic Examinations **and Diagnostic Breast Imaging.**--(a) All group or individual health or sickness or accident insurance policies providing hospital or medical/surgical coverage and all group or individual subscriber contracts or certificates issued 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 employee 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. 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 **except as preempted by Federal Law.**

(b) A group or individual health or sickness or accident insurance policy providing hospital or medical/surgical coverage and a group or individual subscriber contract or certificate issued by any entity subject to 40 Pa.C.S. Ch. 61 or 63, this

act, the "Health Maintenance Organization Act," 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 providing hospital or medical/surgical coverage shall also provide coverage for breast imaging. The minimum coverage required shall include supplemental magnetic resonance imaging or, if such imaging is not possible, ultrasound if recommended by the treating physician because the woman is believed to be at an increased risk of breast cancer due to:

- (1) personal history of atypical breast histologies;
- (2) personal history or family history of breast cancer;
- (3) genetic predisposition for breast cancer;
- (4) prior therapeutic thoracic radiation therapy;
- (5) heterogeneously dense breast tissue based on breast composition categories of the Breast Imaging and Reporting Data System established by the American College of Radiology with any one of the following risk factors:

- (i) lifetime risk of breast cancer of greater than 20%, according to risk assessment tools based on family history;

- (ii) personal history of BRCA1 or BRCA2 gene mutations;

- (iii) first-degree relative with a BRCA1 or BRCA2 gene mutation but not having had genetic testing herself;

- (iv) prior therapeutic thoracic radiation therapy between 10 and 30 years of age; or

- (v) personal history of Li-Fraumeni syndrome, Cowden syndrome or Bannayan-Riley-Ruvalcaba syndrome or a first-degree relative with one of these syndromes.

- (6) extremely dense breast tissue based on breast composition categories of the Breast Imaging and Reporting Data System established by the American College of Radiology. Nothing in this subsection shall be construed to require an insurer to cover the surgical procedure known as mastectomy or to prevent the application of deductible, copayment or coinsurance provisions contained in the policy or plan.

(c) This section shall not apply to the following types of policies:

- (1) Accident only.

- (2) Limited benefit.

- (3) Credit.

- (4) Dental.

- (5) Vision.

- (6) Specified disease.

- (7) Medicare supplement.

- (8) Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) supplement.

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

- (10) Workers' compensation.

- (11) Automobile medical payment.

- (12) Fixed indemnity.

- (13) Hospital indemnity.

Section 2. This act shall apply as follows:

- (1) For health insurance policies for which either rates or forms are required to be filed with the Federal Government or the Insurance Department, this act shall apply to any policy for which a form or rate is first filed on or after the effective date of this section.

- (2) For health insurance policies for which neither rates nor forms are required to be filed with the Federal Government or the Insurance Department, this act shall apply to any policy issued or renewed on or after 180 days after the effective date of this section.

Section 3. This act shall take effect in 60 days.

APPROVED--The 1st day of July, A.D. 2020.

TOM WOLF