

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 869 Session of 2017

INTRODUCED BY MENSCH, McGARRIGLE, BAKER, RAFFERTY, VULAKOVICH, BREWSTER, COSTA, FONTANA, SABATINA, FARNESE, HAYWOOD, SCHWANK, HUGHES AND BOSCOLA, SEPTEMBER 6, 2017

REFERRED TO BANKING AND INSURANCE, SEPTEMBER 6, 2017

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," in casualty insurance, further
 12 providing for coverage for 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, is amended
 17 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

1 plan corporations) or 63 (relating to professional health
2 services plan corporations), this act, the act of December 29,
3 1972 (P.L.1701, No.364), known as the "Health Maintenance
4 Organization Act," [the act of July 29, 1977 (P.L.105, No.38),
5 known as the "Fraternal Benefit Society Code,"] or an employe
6 welfare benefit plan as defined in section 3 of the Employee
7 Retirement Income Security Act of 1974 (Public Law 93-406, 29
8 U.S.C. § 1001 et seq.) providing hospital or medical/surgical
9 coverage shall also provide coverage for mammographic
10 examinations. The minimum coverage required shall include all
11 costs associated with a mammogram every year for women 40 years
12 of age or older and with any mammogram based on a physician's
13 recommendation for women under 40 years of age[.], including
14 ultrasound screening, magnetic resonance imaging or other
15 supplemental screening if a mammogram demonstrates heterogeneous
16 or dense breast tissue based on the Breast Imaging Reporting and
17 Data system established by the American College of Radiology or
18 if a woman is believed to be at increased risk for breast cancer
19 due to family history or prior personal history of breast
20 cancer, positive genetic testing or other indications as deemed
21 medically necessary by a physician. Prior to payment for a
22 screening mammogram, insurers shall verify that the screening
23 mammography service provider is properly licensed by the
24 department in accordance with the act of July 9, 1992 (P.L.449,
25 No.93), known as the "Mammography Quality Assurance Act."
26 Nothing in this section shall be construed to require an insurer
27 to cover the surgical procedure known as mastectomy or to
28 prevent application of deductible or copayment provisions
29 contained in the policy or plan.

30 (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.