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COMMITTEE REPORT

May 20, 2014

**S. 422**

Introduced by Senator Lourie

S. Printed 5/20/14--S.

Read the first time February 26, 2013.

**THE COMMITTEE ON BANKING AND INSURANCE**

To whom was referred a Bill (S. 422) to amend Section 38‑71‑145, Code of Laws of South Carolina, 1976, relating to required coverage for mammograms by individual and group health insurance policies and health, etc., respectfully

**REPORT:**

That they have duly and carefully considered the same and recommend that the same do pass with amendment:

Amend the bill, as and if amended, by striking all after the enacting words and inserting:

/ SECTION 1. Chapter 115, Title 44 of the 1976 Code is amended by adding:

“Section 44-115-160. A mammography report must be provided to a patient by the mammogram provider, and this report must include information about breast density based on the requirements of the Breast Imaging Reporting and Data System established by the American College of Radiology. Where applicable, this report must include the following notice in conspicuous language: ‘Your mammogram shows that your breast tissue is dense. Dense tissue is common and is not abnormal. However, dense breast tissue can make it harder to evaluate the results of your mammogram and may also be associated with an increased risk of breast cancer. This information about the results of your mammogram is given to you to raise your awareness and to inform your conversations with your doctor. Together, you can decide which screening options are right for you. A report of your results was sent to your physician.’ ”

SECTION 2. This act takes effect upon approval by the Governor. /

Renumber sections to conform.

Amend title to conform.

ROBERT W. HAYES, JR. for Committee.

**A** **BILL**

TO AMEND SECTION 38‑71‑145, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO REQUIRED COVERAGE FOR MAMMOGRAMS BY INDIVIDUAL AND GROUP HEALTH INSURANCE POLICIES AND HEALTH MAINTENANCE ORGANIZATION POLICES, SO AS TO REQUIRE SUPPLEMENTAL COVERAGE FOR BREAST ULTRASOUND SCREENING WHEN A MAMMOGRAM DEMONSTRATES HETEROGENEOUS OR DENSE BREAST TISSUE, AND TO REQUIRE A MAMMOGRAPHY REPORT INCLUDING SPECIFIC INFORMATION BE PROVIDED TO A PATIENT WHO RECEIVES THIS ULTRASOUND SCREENING.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Section 38‑71‑145 of the 1976 Code is amended to read:

“Section 38‑71‑145. (A) All individual and group health insurance and health maintenance organization policies in this State ~~shall~~ must include coverage in the policy for:

(1) mammograms;

(2) annual pap smears; and

(3) prostate cancer examinations, screenings, and laboratory work for diagnostic purposes in accordance with the most recent published guidelines of the American Cancer Society.

(B)(1) Coverage for mammograms required in subsection (A)(1) must include benefits for comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue based on:

(a) the Breast Imaging Reporting and Data System established by the American College of Radiology; or

(b) 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 determined by a woman’s physician or advanced practice registered nurse.

(2) A mammography report must be provided to a patient, and this report must include information about breast density based on the requirements of item (1)(a). Where applicable, this report must include the following notice in conspicuous language: ‘If your mammogram demonstrates that you have dense breast tissue, which could hide small abnormalities, you might benefit from supplementary screening tests, which can include a breast ultrasound screening or a breast MRI examination, or both, depending on your individual risk factors. A report of your mammography results, which contains information about your breast density, has been sent to your physician’s office and you should contact your physician if you have any questions or concerns about this report’.

(~~B~~C) The coverage required to be offered under subsection (A) may not contain any exclusions, reductions, or other limitations ~~as to~~ concerning coverages, deductibles, or coinsurance provisions which apply to that coverage unless these provisions apply generally to other similar benefits provided and paid for under the health insurance policy.

(~~C~~D) Nothing in this section prohibits a health insurance policy from providing benefits greater than those required to be offered by subsections (A) ~~and (B)~~ through (C) or more favorable to the enrollee than those required to be offered by subsections (A) ~~and (B)~~ through (C).

(~~D~~E) This section applies to individual and group health insurance policies issued by a fraternal benefit society, an insurer, a health maintenance organization, or any similar entity, except as exempted by ERISA.

(~~E~~F) For purposes of this section:

(1) ‘Mammogram’ means a radiological examination of the breast for purposes of detecting breast cancer when performed as a result of a physician referral or by a health testing service which utilizes radiological equipment approved by the Department of Health and Environmental Control, which examination may be made with the following minimum frequency:

(a) once as a base‑line mammogram for a female who is at least thirty‑five years of age but less than forty years of age;

(b) once every two years for a female who is at least forty years of age but less than fifty years of age;

(c) once a year for a female who is at least fifty years of age; or

(d) in accordance with the most recent published guidelines of the American Cancer Society.

(2) ‘Pap smear’ means an examination of the tissues of the cervix of the uterus for the purpose of detecting cancer when performed upon the recommendation of a medical doctor, which examination may be made once a year or more often if recommended by a medical doctor.

(3) ‘Health insurance policy’ means a health benefit plan, contract, or evidence of coverage providing health insurance coverage as defined in Section 38‑71‑670(6) and Section 38‑71‑840(14).”

SECTION 2. This act takes effect upon approval by the Governor.

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