

GENERAL ASSEMBLY OF NORTH CAROLINA  
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SENATE BILL DRS15446-MRap-125

Short Title: Diagnostic Imaging Parity.

(Public)

Sponsors: Senators Batch, Mayfield, and Chaudhuri (Primary Sponsors).

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT PROVIDING HEALTH COVERAGE PARITY FOR BREAST CANCER  
3 DIAGNOSTIC IMAGING, MAKING TECHNICAL AND CONFORMING CHANGES TO  
4 THE GENERAL STATUTES RELATED TO BREAST CANCER SCREENING,  
5 UPDATING MAMMOGRAPHIC BREAST DENSITY PATIENT NOTIFICATION  
6 REQUIREMENTS, AND APPROPRIATING FUNDS TO THE DEPARTMENT OF  
7 HEALTH AND HUMAN SERVICES FOR THE PURPOSES OF EDUCATING  
8 HEALTHCARE PROVIDERS ABOUT THE CHANGES TO HEALTH INSURANCE  
9 COVERAGE OF BREAST CANCER SCREENING AND DIAGNOSIS AND THE  
10 UPDATES TO THE MAMMOGRAPHIC BREAST DENSITY PATIENT  
11 NOTIFICATION REQUIREMENTS.

12 The General Assembly of North Carolina enacts:

13 **SECTION 1.(a)** Subsections (a1), (b), and (c) of G.S. 58-51-57 are repealed.

14 **SECTION 1.(b)** G.S. 58-51-57 is recodified as G.S. 58-3-271.

15 **SECTION 2.(a)** G.S. 58-3-271, as enacted by Section 1(a) of this act, reads as

16 rewritten:

17 "**§ 58-3-271. Coverage for ~~mammograms~~ screening for, and diagnosis of, breast cancer**  
18 **and cervical cancer screening.**

19 (a) The following definitions apply in this section:

20 (1) Breast magnetic resonance imaging. – A diagnostic tool that uses a powerful  
21 magnetic field, radio waves, and a computer to produce detailed pictures of  
22 the structures within the breast.

23 (2) Breast ultrasound. – A noninvasive diagnostic tool that uses high-frequency  
24 sound waves to produce detailed images of the breast.

25 (3) Cost-sharing requirement. – A deductible, coinsurance, copayment, and any  
26 maximum limitation on the application of a deductible, coinsurance,  
27 copayment, or similar out-of-pocket expense.

28 (4) Diagnostic examination for breast cancer. – An examination for breast cancer  
29 that is determined by the healthcare provider treating the patient to be  
30 medically necessary and appropriate and that may include breast magnetic  
31 resonance imaging, breast ultrasound, and diagnostic low-dose  
32 mammography to evaluate the abnormality in the breast that meets one of the  
33 following criteria:

34 a. Is seen or suspected from a screening examination for breast cancer.

35 b. Is detected by another means of examination.

36 (5) Insurer. – As defined in G.S. 58-3-167.



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- 1           (6) Low-dose mammography. – A radiologic procedure for the early detection of  
 2 breast cancer using equipment dedicated specifically for mammography,  
 3 including a physician's interpretation of the results of the procedure.
- 4           (7) Screening examination for breast cancer. – Low-dose mammography, or an  
 5 equivalent procedure, that is used to determine if there is abnormality in the  
 6 breast.
- 7           (8) Screening of early detection of cervical cancer. – Examinations and laboratory  
 8 tests used to detect cervical cancer, including conventional PAP smear  
 9 screening, liquid-based cytology, and human papilloma virus (HPV) detection  
 10 methods for women with equivocal findings on cervical cytologic analysis  
 11 that are subject to the approval of and have been approved by the United States  
 12 Food and Drug Administration. examination, the laboratory fee, and the  
 13 physician's interpretation of the laboratory results
- 14           (9) Supplemental examination for breast cancer. – An examination for breast  
 15 cancer that is determined by the healthcare provider treating the patient to be  
 16 medically necessary and appropriate and that may include breast magnetic  
 17 resonance imaging or breast ultrasound to screen for cancer if the patient  
 18 meets either of the following criteria:
- 19           a. The patient is at increased risk for breast cancer based on the patient's  
 20 personal medical history or family medical history of breast cancer.
- 21           b. The patient has heterogeneously or extremely dense breast tissue as  
 22 defined by the Breast Imaging Reporting and Data System established  
 23 by the American College of Radiology.
- 24           (b) ~~Every policy or contract of accident or health insurance, and every preferred provider~~  
 25 ~~benefit plan under G.S. 58-50-56, that is issued, renewed, or amended on or after January 1, 1992,~~  
 26 ~~health benefit plan offered by an insurer in this State shall provide coverage for examinations and~~  
 27 ~~laboratory tests-tests, including the laboratory fee and the interpretation of the laboratory results,~~  
 28 ~~for the screening for the early detection of cervical cancer and for low-dose screening~~  
 29 ~~mammography. The same deductibles, coinsurance, and other limitations as apply to similar~~  
 30 ~~services covered under the policy, contract, or plan shall apply to coverage for examinations and~~  
 31 ~~laboratory tests for the screening for the early detection of cervical cancer and low-dose screening~~  
 32 ~~mammography.~~
- 33           (c) Every health benefit plan offered by an insurer in this State that provides benefits for  
 34 a diagnostic or supplemental examination for breast cancer shall ensure that the cost-sharing  
 35 requirements applicable to a diagnostic or supplemental examination for breast cancer are no less  
 36 favorable than the cost-sharing requirements applicable to low-dose screening mammography  
 37 for breast cancer.
- 38           (d) ~~Reimbursement for a mammogram authorized-required under this section shall be~~  
 39 ~~made only if the facility in which the mammogram was performed meets mammography~~  
 40 ~~accreditation standards established by the North Carolina Medical Care Commission.~~
- 41           (e) ~~Coverage for the screening for the early detection of cervical cancer shall be in~~  
 42 ~~accordance with the most recently published American Cancer Society guidelines or guidelines~~  
 43 ~~adopted by the North Carolina Advisory Committee on Cancer Coordination and Control.~~  
 44 ~~Coverage shall include the examination, the laboratory fee, and the physician's interpretation of~~  
 45 ~~the laboratory results. Reimbursements for laboratory fees required under this section shall be~~  
 46 ~~made only if the laboratory meets accreditation standards adopted by the North Carolina Medical~~  
 47 ~~Care Commission.~~
- 48           (f) Coverage for screening examinations for breast cancer and early detection of cervical  
 49 cancer required under this section shall, at a minimum, be provided in a manner that adheres to  
 50 the most recent United States Preventative Task Force A, B, and C recommendations."

51           **SECTION 2.(b)** G.S. 58-65-92 is repealed.

1           **SECTION 2.(c)** G.S. 58-67-76 is repealed.

2           **SECTION 3.(a)** G.S. 135-48.51 reads as rewritten:

3   "**§ 135-48.51. Coverage and operational mandates related to Chapter 58 of the General**  
4   **Statutes.**

5       The following provisions of Chapter 58 of the General Statutes apply to the State Health Plan:

6       ...

7       (9a) G.S. 58-3-271, Coverage of screening for, and diagnosis of, breast and  
8       cervical cancer.

9       ...."

10       **SECTION 3.(b)** Effective July 1, 2024, there is appropriated from the General Fund  
11 to the Department of State Treasurer the sum of nine hundred thousand dollars (\$900,000) in  
12 recurring funds for the 2024-2025 fiscal year to ensure compliance with subsection (a) of this  
13 section by the North Carolina State Health Plan for Teachers and State Employees.

14       **SECTION 4.** G.S. 130A-215.5(a) reads as rewritten:

15       "(a) All health care facilities that perform mammography examinations shall include in  
16 the summary of the mammography report, required by federal law to be provided to a patient,  
17 information that identifies the patient's individual breast density classification based on the Breast  
18 Imaging Reporting and Data System established by the American College of Radiology. If the  
19 facility determines that a patient does not have heterogeneously or extremely dense breasts, the  
20 summary of the mammography report shall include the following notice:

21       "Breast tissue can be either dense or not dense. Your mammogram indicates that you do NOT  
22 have dense breast tissue. The presence of dense tissue makes it more difficult to detect  
23 abnormalities in the breast and increases the risk of breast cancer. We are providing this  
24 information to raise your awareness of this important factor and to encourage you to talk to your  
25 healthcare provider about breast density, risks for breast cancer, and your individual risk factors."

26       If the facility determines that a patient has heterogeneously or extremely dense breasts, the  
27 summary of the mammography report shall include the following notice:

28       "Breast tissue can be either dense or not dense. Your mammogram indicates that you may  
29 have dense breast tissue. Dense breast tissue is relatively common and is found in more than forty  
30 percent (40%) of women. The presence of dense tissue may make makes it more difficult to  
31 detect abnormalities in the breast and may be associated with an increased-increases the risk of  
32 breast cancer. You might benefit from supplementary screening, which may include  
33 contrast-enhanced mammography (also known as CEM) or magnetic resonance imaging of the  
34 breast (also known as Breast MRI), or both, depending on your individual risk factors. We are  
35 providing this information to raise your awareness of this important factor and to encourage you  
36 to talk with your ~~physician~~ healthcare provider about this and other breast cancer risk factors.  
37 Together, you can decide which screening options are right for you. A report of your results was  
38 sent to your ~~physician~~ healthcare provider."

39       **SECTION 5.** Effective July 1, 2024, there is appropriated from the General Fund to  
40 the Department of Health and Human Services, the sum of one hundred thousand dollars  
41 (\$100,000) in nonrecurring funds for the 2024-2025 fiscal year to be used to educate healthcare  
42 providers about the changes to health insurance coverage of breast cancer screening and  
43 diagnosis and the updates to the mammographic breast density patient notification requirements  
44 contained in this act. DHHS shall ensure that, as part of this educational campaign, relevant  
45 information is provided to any North Carolina-based organization that includes obstetric and  
46 gynecological practitioners as part of its membership.

47       **SECTION 6.** Except as otherwise provided, this act becomes effective October 1,  
48 2023, and applies to insurance contracts issued, renewed, or amended on or after that date.