

House Bill 269

By: Representatives Jones of the 53rd, Waites of the 60th, and Scott of the 76th

A BILL TO BE ENTITLED
AN ACT

1 To amend Title 33 of the Official Code of Georgia Annotated, relating to insurance, so as to
2 provide for mammography report provisions; to provide for related matters; to repeal
3 conflicting laws; and for other purposes.

4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

5 style="text-align:center">**SECTION 1.**

6 Title 33 of the Official Code of Georgia Annotated, relating to insurance, is amended by
7 revising Code Section 33-29-3.2, relating to coverage under individual accident and sickness
8 insurance policies for mammograms, Pap smears, and prostate specific antigen tests, as
9 follows:

10 "33-29-3.2.

11 (a) As used in this Code section, the term:

12 (1) 'Female at risk' means a woman:

13 (A) Who has a personal history of breast cancer;

14 (B) Who has a personal history of biopsy proven benign breast disease;

15 (C) Whose grandmother, mother, sister, or daughter has had breast cancer; or

16 (D) Who has not given birth prior to age 30.

17 (2)(A) 'Mammogram' means any low-dose radiologic screening procedure for the early
18 detection of breast cancer provided to a woman and which utilizes equipment approved
19 by the Department of Community Health dedicated specifically for mammography and
20 includes a physician's interpretation of the results of the procedure or interpretation by
21 a radiologist experienced in mammograms in accordance with guidelines established
22 by the American College of Radiology.

23 (B) Reimbursement for a mammogram authorized under this Code section shall be
24 made only if the facility in which the mammogram was performed meets accreditation
25 standards established by the American College of Radiology or equivalent standards
26 established by this state.

27 (C) Policies subject to this Code section shall contain coverage for mammograms made
 28 with at least the following frequency:

29 ~~(A)~~(i) Once as a base-line mammogram for any female who is at least 35 but less
 30 than 40 years of age;

31 ~~(B)~~(ii) Once every two years for any female who is at least 40 but less than 50 years
 32 of age;

33 ~~(C)~~(iii) Once every year for any female who is at least 50 years of age; and

34 ~~(D)~~(iv) When ordered by a physician for a female at risk.

35 (D) Each mammography report provided to a patient shall include information about
 36 breast density based on the Breast Imaging Reporting and Data System established by
 37 the American College of Radiology and include the following notice:

38 'Dense breast tissue may hide small abnormalities. If your mammogram indicates that
 39 you have dense breast tissue, you may benefit from supplementary screening tests,
 40 including a breast ultrasound screening, a breast MRI examination, or both, depending
 41 on your individual risk factors. A report of your mammography results, including
 42 information about your breast density, has been sent to your physician's office. If you
 43 have any questions or concerns about this report, you should contact your physician.'

44 (3) 'Pap smear' or 'Papanicolaou smear' means an examination, in accordance with
 45 standards established by the American College of Pathologists, of the tissues of the cervix
 46 of the uterus for the purpose of detecting cancer when performed upon the order of a
 47 physician; ~~which;~~ such examination may be made once a year or more often if ordered
 48 by a physician.

49 (4) 'Policy' means any benefit plan, contract, or policy except a disability income policy,
 50 specified disease policy, or hospital indemnity policy.

51 (5) 'Prostate specific antigen test' means a measurement, in accordance with standards
 52 established by the American College of Pathologists, of a substance produced by the
 53 epithelium to determine if there is any benign or malignant prostate tissue.

54 (b)(1) Every insurer authorized to issue an individual accident and sickness insurance
 55 policy in this state which includes coverage for any female shall include as part of or as
 56 a required endorsement to each such policy which is issued, delivered, issued for
 57 delivery, or renewed on or after July 1, 1992, coverage for mammograms and Pap smears
 58 for the covered females which at least meets the minimum requirements of this Code
 59 section.

60 (2) Every insurer authorized to issue an individual accident and sickness insurance policy
 61 in this state which includes coverage for any male shall include as a part of or as a
 62 required endorsement to each such policy which is issued, delivered, issued for delivery,
 63 or renewed on or after July 1, 1992, coverage for annual prostate specific antigen tests

64 for the covered males who are 45 years of age or older, or for covered males who are 40
65 years of age or older, if ordered by a physician.

66 (c) The coverage required under subsection (b) of this Code section may be subject to such
67 exclusions, reductions, or other limitations as to coverages, deductibles, or coinsurance
68 provisions as may be approved by the Commissioner.

69 (d) Nothing in this Code section shall be construed to prohibit the issuance of individual
70 accident and sickness insurance policies which provide benefits greater than those required
71 by subsection (b) of this Code section or more favorable to the insured than those required
72 by subsection (b) of this Code section.

73 (e) The provisions of this Code section shall apply to individual accident and sickness
74 insurance policies issued by a fraternal benefit society, a nonprofit hospital service
75 corporation, a nonprofit medical service corporation, a health care plan, a health
76 maintenance organization, or any similar entity.

77 (f) Nothing contained in this Code section shall be deemed to prohibit the payment of
78 different levels of benefits or from having differences in coinsurance percentages
79 applicable to benefit levels for services provided by preferred and nonpreferred providers
80 as otherwise authorized under the provisions of Article 2 of Chapter 30 of this title, relating
81 to preferred provider arrangements."

82 **SECTION 2.**

83 Said title is further amended by revising Code Section 33-30-4.2, relating to coverage under
84 group accident and sickness insurance policies for mammograms, Pap smears, and prostate
85 specific antigen tests, as follows:

86 "33-30-4.2.

87 (a) As used in this Code section, the term:

88 (1) 'Female at risk' means a woman:

89 (A) Who has a personal history of breast cancer;

90 (B) Who has a personal history of biopsy proven benign breast disease;

91 (C) Whose grandmother, mother, sister, or daughter has had breast cancer; or

92 (D) Who has not given birth prior to age 30.

93 (2)(A) 'Mammogram' means any low-dose radiologic screening procedure for the early
94 detection of breast cancer provided to a woman and which utilizes equipment approved
95 by the Department of Community Health dedicated specifically for mammography and
96 includes a physician's interpretation of the results of the procedure or interpretation by
97 a radiologist experienced in mammograms in accordance with guidelines established
98 by the American College of Radiology.

99 (B) Reimbursement for a mammogram authorized under this Code section shall be
 100 made only if the facility in which the mammogram was performed meets accreditation
 101 standards established by the American College of Radiology or equivalent standards
 102 established by this state.

103 (C) Policies subject to this Code section shall contain coverage for mammograms made
 104 with at least the following frequency:

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 106 than 40 years of age;

107 ~~(B)~~(ii) Once every two years for any female who is at least 40 but less than 50 years
 108 of age;

109 ~~(C)~~(iii) Once every year for any female who is at least 50 years of age; and

110 ~~(D)~~(iv) When ordered by a physician for a female at risk.

111 (D) Each mammography report provided to a patient shall include information about
 112 breast density based on the Breast Imaging Reporting and Data System established by
 113 the American College of Radiology and include the following notice:

114 'Dense breast tissue may hide small abnormalities. If your mammogram indicates that
 115 you have dense breast tissue, you may benefit from supplementary screening tests,
 116 including a breast ultrasound screening, a breast MRI examination, or both, depending
 117 on your individual risk factors. A report of your mammography results, including
 118 information about your breast density, has been sent to your physician's office. If you
 119 have any questions or concerns about this report, you should contact your physician.'

120 (3) 'Pap smear' or 'Papanicolaou smear' means an examination, in accordance with
 121 standards established by the American College of Pathologists, of the tissues of the cervix
 122 of the uterus for the purpose of detecting cancer when performed upon the order of a
 123 physician; ~~which;~~ such examination may be made once a year or more often if ordered
 124 by a physician.

125 (4) 'Policy' means any benefit plan, contract, or policy except a disability income policy,
 126 specified disease policy, or hospital indemnity policy.

127 (5) 'Prostate specific antigen test' means a measurement, in accordance with standards
 128 established by the American College of Pathologists, of a substance produced by the
 129 epithelium to determine if there is any benign or malignant prostate tissue.

130 (b)(1) Every insurer authorized to issue a group accident and sickness insurance policy
 131 in this state which includes coverage for any female shall include as part of or as a
 132 required endorsement to each such policy which is issued, delivered, issued for delivery,
 133 or renewed on or after July 1, 1992, coverage for mammograms and Pap smears for the
 134 covered females which at least meets the minimum requirements of this Code section.

135 (2) Every insurer authorized to issue a group accident and sickness insurance policy in
136 this state which includes coverage for any male shall include as a part of or as a required
137 endorsement to each such policy which is issued, delivered, issued for delivery, or
138 renewed on or after July 1, 1992, coverage for annual prostate specific antigen tests for
139 the covered males who are 45 years of age or older or for covered males who are 40 years
140 of age or older, if ordered by a physician.

141 (c) The coverage required under subsection (b) of this Code section may be subject to such
142 exclusions, reductions, or other limitations as to coverages, deductibles, or coinsurance
143 provisions as may be approved by the Commissioner.

144 (d) Nothing in this Code section shall be construed to prohibit the issuance of group
145 accident and sickness insurance policies which provide benefits greater than those required
146 by subsection (b) of this Code section or more favorable to the insured than those required
147 by subsection (b) of this Code section.

148 (e) The provisions of this Code section shall apply to group accident and sickness
149 insurance policies issued by a fraternal benefit society, a nonprofit hospital service
150 corporation, a nonprofit medical service corporation, a health care plan, a health
151 maintenance organization, or any similar entity.

152 (f) Nothing contained in this Code section shall be deemed to prohibit the payment of
153 different levels of benefits or from having differences in coinsurance percentages
154 applicable to benefit levels for services provided by preferred and nonpreferred providers
155 as otherwise authorized under the provisions of Article 2 of this chapter, relating to
156 preferred provider arrangements."

157 **SECTION 3.**

158 All laws and parts of laws in conflict with this Act are repealed.