AN ACT REVISING LAWS RELATED TO INSURANCE COVERAGE OF PREVENTATIVE, DIAGNOSTIC, AND SUPPLEMENTAL BREAST EXAMINATIONS; PROVIDING DEFINITIONS; AND AMENDING SECTION 33-22-132, MCA.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 33-22-132, MCA, is amended to read:

"33-22-132. Coverage for minimum mammography and other breast examinations. (1) Each group or individual medical expense and blanket disability policy, certificate of insurance, and membership contract that is delivered, issued for delivery, renewed, extended, or modified in this state must provide minimum mammography examination coverage of minimum mammography and other breast examinations as provided in this section.

(2) For the purpose of this section, the following definitions apply:

(a) "Cost-sharing requirement" means a deductible, coinsurance, copayment, and any maximum limitation on the application of a deductible, coinsurance, copayment, or similar out-of-pocket expense.

(b)(i) "Diagnostic breast examination" means a medically necessary and clinically appropriate examination of the breast that is used to evaluate an abnormality seen or suspected from a screening examination for breast cancer or detected by another means of examination.

(ii) The term includes examinations using diagnostic mammography, breast magnetic resonance imaging, or breast ultrasound.

(c) "Minimum mammography examination" means:

(a)(i) one baseline mammogram for a woman who is 35 years of age or older and under 40 years of age;

(b)(ii) a mammogram every 2 years for any woman who is 40 years of age or older and under 50
years of age or more frequently if recommended by the woman's physician; and

(c)(iii) a mammogram each year for a woman who is 50 years of age or older.

(d)(i) "Supplemental breast examination" means a medically necessary and appropriate examination of the breast that is used to screen for breast cancer when there is no abnormality seen or suspected and is based on personal or family medical history or other factors that may increase a person's risk of breast cancer.

(ii) The term includes examination using breast magnetic resonance imaging or breast ultrasound.

(3) A minimum $70 payment or the actual charge if the charge is less than $70 must be made for each minimum mammography examination performed before the application of the terms of the applicable group or individual disability policy, certificate of insurance, or membership contract that establish durational limits, deductibles, and copayment provisions as long as the terms are not less favorable than for physical illness generally.

(4)(a) Except as provided in subsection (4)(b), a group health plan or a health insurance issuer offering group or individual health insurance coverage may not impose any cost-sharing requirements for a diagnostic breast examination or supplemental breast examination when the plan or coverage provides screening benefits, supplemental breast examinations, and diagnostic breast examinations furnished to an individual enrolled under the plan or coverage.

(b) If, under federal law, application of subsection (4)(a) would result in health savings account ineligibility under section 223 of the federal Internal Revenue Code, this requirement may apply only, for health savings account-qualified high deductible health plans with respect to the deductible of the plan after the enrollee has satisfied the minimum deductible under section 223, except for with respect to items or services that are preventive care pursuant to section 223(c)(2)(C) of the federal Internal Revenue Code, in which case the requirements of subsection (4)(a) apply regardless of whether the minimum deductible under section 223 has been satisfied.

(4)(5) This section does not apply to disability income, hospital indemnity, medicare supplement, accident-only, vision, dental, or specified disease policies.”

- END -
I hereby certify that the within bill, HB 665, originated in the House.

___________________________________________
Chief Clerk of the House

___________________________________________
Speaker of the House

Signed this _______________________________ day of _____________________________, 2023.

___________________________________________
President of the Senate

Signed this _______________________________ day of _____________________________, 2023.
HOUSE BILL NO. 665


AN ACT REVISING LAWS RELATED TO INSURANCE COVERAGE OF PREVENTATIVE, DIAGNOSTIC, AND SUPPLEMENTAL BREAST EXAMINATIONS; PROVIDING DEFINITIONS; AND AMENDING SECTION 33-22-132, MCA."