

**SENATE SUMMARY OF HOUSE AMENDMENTS****SB 119****2021 Regular Session****Tarver****KEYWORD AND SUMMARY AS RETURNED TO THE SENATE**

HEALTH/ACC INSURANCE. Provides relative to health insurance coverage for mammography. (1/1/22)

**SUMMARY OF HOUSE AMENDMENTS TO THE SENATE BILL**

1. Adds requirement that single baseline mammograms for women 35-39 and certain annual MRIs and mammography for women with certain hereditary susceptibilities to be in accordance with recommendations and guidelines by the National Comprehensive Cancer Network or the American Society of Breast Surgeons Position Statement on Screening Mammography no later than the following policy or plan year following changes in recommendations.
2. Adds provision relative to access to women age 35 having a predicted lifetime risk that is greater than 20% by any validated model published in peer review medical literature.
3. Adds provisions that a breast ultrasound is the initial preferred modality, followed by an MRI if the ultrasound is inconclusive, with respect to supplemental imaging.
4. Provides that coverage pertaining to early screening and detection may be subject to the health coverage plan's utilization review using guidelines published in peer reviewed medical literature.
5. Requires any policy, contract, or health coverage plan in effect prior to January 1, 2022, to conform to the provisions of proposed law on or before the renewal its date, but no later than January 1, 2023.

**DIGEST OF THE SENATE BILL AS RETURNED TO THE SENATE**

SB 119 Engrossed

2021 Regular Session

Tarver

Present law requires that health coverage plans which are delivered or issued for delivery in this state include benefits payable for an annual Pap test and minimum mammography examination.

Present law defines "minimum mammography examination" as mammographic examinations, including but not limited to digital breast tomosynthesis, performed no less frequently than the following schedule provides:

- (1) One baseline mammogram for any woman who is 35-39 years of age.
- (2) One mammogram every 24 months for any woman who is 40-49 years of age, or more frequently if recommended by her physician.
- (3) One mammogram every 12 months for any woman who is 50 years of age or older.

Proposed law retains the schedule and provides for earlier screening based on certain criteria of the American Society of Breast Surgeons as follows:

- (1) (a) Regarding the single baseline mammogram for women 35-39, provides for annual MRI starting at age 25 and annual mammography starting at age 30, if there is a hereditary susceptibility from pathogenic mutation carrier status or prior chest wall radiation. Requires that the examinations to be in accordance with recommendations by the National Comprehensive Cancer Network guidelines or the American Society of Breast Surgeons Position Statement on Screening Mammography no later than the following policy or plan year following changes in recommendations.
  - (b) Provides for annual mammography (DBT preferred modality) and access to supplemental imaging (MRI preferred modality) starting at age 35 if recommended by the woman's physician and the woman has a predicted lifetime risk greater than 20% by any validated model published in peer reviewed medical literature.
- (2) Annual mammography (DBT preferred modality) for any woman who is 40 years of age or older.
    - (a) Consideration given to supplemental imaging, (breast ultrasound initial preferred modality, followed by MRI is inconclusive), if recommended by her physician, for women with increased breast density (C and D density).
    - (b) Access to annual supplemental imaging (MRI preferred modality), if recommended by her physician, for women with a prior history of breast cancer below the age of 50 or with a prior history of breast cancer at any age and dense breast (C and D density).

Proposed law provides that coverage pertaining to present and proposed law (R.S. 22:1028) regarding early screening and detection may be subject to the health coverage plan's utilization review using guidelines published in peer reviewed medical literature.

Proposed law requires a policy, contract, or health coverage plan in effect prior to January 1, 2022 to convert to the provisions of proposed law no later than by January 1, 2023.

Effective January 1, 2022.

(Amend R.S. 22:1028(A)(2))

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