Introduced by Senator Portantino

February 10, 2022

An act to amend Section 1367.65 of the Health and Safety Code, and to amend Section 10123.81 of the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 974, as introduced, Portantino. Health care coverage: diagnostic imaging.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract issued, amended, delivered, or renewed on or after January 1, 2000, or an individual or group policy of disability insurance or self-insured employee welfare benefit plan to provide coverage for mammography for screening or diagnostic purposes upon referral by specified professionals. Under existing law, mammography performed pursuant to those requirements or that meets the current recommendations of the United States Preventive Services Task Force is provided to an enrollee or an insured without cost sharing.

This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, to provide coverage without imposing cost sharing for medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result.

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The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

SECTION 1. Section 1367.65 of the Health and Safety Code is amended to read:

1367.65. (a) On or after January 1, 2000, each health care service plan contract, except a specialized health care service plan contract, that is issued, amended, delivered, or renewed shall be deemed to

1367.65. (a) (1) A health care service plan contract issued, amended, or renewed on or after January 1, 2000, excluding a specialized health care service plan contract, shall provide coverage for mammography for screening or diagnostic purposes upon referral by a participating nurse practitioner, participating certified nurse-midwife, participating physician assistant, or participating physician, providing care to the patient and operating within the scope of practice provided under existing law.

(b) This section

- (2) This subdivision does not prevent application of copayment or deductible provisions in a plan, nor shall this section subdivision be construed to require that a plan be extended to cover any other procedures under an individual or a group health care service plan contract. This
- (b) A health care service plan contract issued, amended, or renewed on or after January 1, 2023, excluding a specialized health care service plan contract, shall provide coverage without imposing cost sharing for medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result. Diagnostic breast imaging includes breast magnetic resonance imaging and breast ultrasound.
- (c) This section does not authorize a plan an enrollee to receive the services required to be covered by this section if those services are furnished by a nonparticipating provider, unless the plan

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enrollee is referred to that provider by a participating physician, 2 nurse practitioner, or certified nurse-midwife providing care.

- SEC. 2. Section 10123.81 of the Insurance Code is amended to read:
- 10123.81. (a) (1) An individual or group policy of disability insurance or self-insured employee welfare benefit plan shall be deemed to provide coverage for mammography for screening or diagnostic purposes upon the referral of a participating nurse practitioner, participating certified nurse-midwife, participating physician assistant, or participating physician, providing care to the patient and operating within the scope of practice provided under existing law.

(b) This section

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- (2) This subdivision does not prevent the application of copayment or deductible provisions in a policy, nor does this section require that a policy be extended to cover any other procedures under an individual or a group policy. This
- (b) A health insurance policy issued, amended, or renewed on or after January 1, 2023, shall provide coverage without imposing cost sharing for medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result. Diagnostic breast imaging includes breast magnetic resonance imaging and breast ultrasound.
- (c) This section does not authorize a policyholder to receive the services required to be covered by this section if those services are furnished by a nonparticipating provider, unless the policyholder is referred to that provider by a participating physician, nurse practitioner, or certified nurse-midwife providing care.

(c)

- (d) This section—shall does not apply to specialized health insurance, Medicare supplement insurance, CHAMPUS supplement insurance, or TRI-CARE supplement insurance, or to hospital indemnity, accident-only, or specified disease insurance.
- SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of

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- the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.
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