HOUSE BILL No. 2562

By Committee on Insurance and Pensions

1-26

AN ACT concerning insurance; relating to health insurance; providing certain requirements for coverage of screening and diagnostic examinations for breast cancer; amending K.S.A. 40-2,103 and 40-19c09 and repealing the existing sections.

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Be it enacted by the Legislature of the State of Kansas:

New Section 1. (a) Every individual or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society or health maintenance organization that provides coverage for accident and health services, that is delivered, issued for delivery, amended or renewed on or after January 1, 2023, and that provides benefits with respect to screening and diagnostic examinations for breast cancer shall ensure that the cost-sharing requirements applicable to diagnostic breast examinations and supplemental breast screening examinations for an individual enrolled under such coverage are not less favorable to the insured than such requirements applicable to a screening mammography examination for breast cancer.

- (b) The provisions of K.S.A. 40-2248 and 40-2249a, and amendments thereto, shall not apply to this section.
 - (c) As used in this section:
- (1) "Breast magnetic resonance imaging" means a diagnostic tool that uses a powerful magnetic field, radio waves and a computer to produce detailed pictures of the structures within the breast.
- (2) "Breast ultrasound" means a non-invasive diagnostic tool that uses high-frequency sound.
- (3) "Cost-sharing requirement" means a deductible, coinsurance, copayment and any maximum limitation on the application of such a deductible, coinsurance, copayment or similar out-of-pocket expense.
- (4) "Diagnostic breast examination" means a medically necessary and appropriate examination of the breast, including such an examination using diagnostic mammography, breast magnetic resonance imaging or breast ultrasound, that is used to evaluate an abnormality:
- 34 (A) Seen or suspected from a screening examination for breast 35 cancer; or
 - (B) detected by another means of examination.

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(5) "Diagnostic mammography" means a diagnostic tool that uses x-ray and that is designed to evaluate an abnormality in the breast.

- (6) "Supplemental breast screening examination" means a medically necessary and appropriate examination of the breast, including such an examination using breast magnetic resonance imaging or breast ultrasound, that is:
- (A) Used to screen for breast cancer when there is no abnormality seen or suspected; or
- (B) based on personal or family medical history or additional factors that may increase the individual's risk of breast cancer.
- Sec. 2. K.S.A. 40-2,103 is hereby amended to read as follows: 40-2,103. The requirements of K.S.A. 40-2,100, 40-2,101, 40-2,102, 40-2,104, 40-2,105, 40-2,105a, 40-2,105b, 40-2,114, 40-2,160, 40-2,165 through 40-2,170, 40-2250, K.S.A. 40-2,105a, 40-2,105b, 40-2,184, 40-2,190, 40-2,194—and, 40-2,210 through 40-2,216, and 40-2250, and amendments thereto, and section 1, and amendments thereto, shall apply to all insurance policies, subscriber contracts or certificates of insurance delivered, renewed or issued for delivery within or outside of this state or used within this state by or for an individual who resides or is employed in this state.
- 21 Sec. 3. K.S.A. 40-19c09 is hereby amended to read as follows: 40-22 19c09. (a) Corporations organized under the nonprofit medical and 23 hospital service corporation act shall be subject to the provisions of the Kansas general corporation code, articles 60 through 74 of chapter 17 of 24 25 the Kansas Statutes Annotated, and amendments thereto, applicable to nonprofit corporations, to the provisions of K.S.A. 40-214, 40-215, 40-26 216, 40-218, 40-219, 40-222, 40-223, 40-224, 40-225, 40-229, 40-230, 40-27 28 231, 40-235, 40-236, 40-237, 40-247, 40-248, 40-249, 40-250, 40-251, 40-252, 40-2,100, 40-2,101, 40-2,102, 40-2,103, 40-2,104, 40-2,105, 40-29 30 2,105a, 40-2,105b, 40-2,116, 40-2,117, 40-2,125, 40-2,153, 40-2,154, 40-2,160, 40-2,161, 40-2,163 through 40-2,170, 40-2,184, 40-2,190, 40-31 2,194, 40-2,210 through 40-2,216, 40-2a01 et seq., 40-2111 through 40-32 33 2116, 40-2215 through 40-2220, 40-2221a, 40-2221b, 40-2229, 40-2230, 40-2250, 40-2251, 40-2253, 40-2254, 40-2401 through 40-2421; and 40-34 35 3301 through 40-3313 and K.S.A. 40-2,105a, 40-2,105b, 40-2,184, 40-36 2,190, 40-2,194 and 40-2,210 through 40-2,216, and amendments thereto, 37 and section 1, and amendments thereto, except as the context otherwise 38 requires, and shall not be subject to any other provisions of the insurance 39 code except as expressly provided in this act.
 - (b) No policy, agreement, contract or certificate issued by a corporation to which this section applies shall contain a provision which excludes, limits or otherwise restricts coverage because medicaid benefits as permitted by title XIX of the social security act of 1965 are or may be

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1 available for the same accident or illness.

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- (c) Violation of subsection (b) shall be subject to the penalties prescribed by K.S.A. 40-2407 and 40-2411, and amendments thereto.
- 4 Sec. 4. K.S.A. 40-2,103 and 40-19c09 are hereby repealed.
- Sec. 5. This act shall take effect and be in force from and after its publication in the statute book.