AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to coverage of diagnostic examinations for breast cancer under certain health benefit plans.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.1196, to read as follows:

376.1196. 1. For purposes of this section, the following terms mean:

(1) "Breast magnetic resonance imaging", a diagnostic tool that uses a powerful magnetic field, radio waves, and a computer to produce detailed images of the structures within the breast;

(2) "Breast ultrasound", a noninvasive diagnostic tool that uses high-frequency sound waves to produce detailed images of the breast;

(3) "Cost-sharing requirement", any deductible, coinsurance, co-payment, or maximum limitation on the application of such deductible, coinsurance, co-payment, or similar out-of-pocket expense;

(4) "Diagnostic examination for breast cancer", an examination for breast cancer in a patient that is:

(a) Medically necessary and appropriate, as determined by a health care professional treating the patient; and
(b) Used to evaluate an abnormality in the breast that is:

a. Seen or suspected from a low-dose mammography screening;

b. Detected by another means of examination; or

c. Suspected based on the medical history or family medical history of the patient;

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

(6) "Enrollee", the same meaning given to the term in section 376.1350;

(7) "Examination for breast cancer", an examination used to evaluate an abnormality in a breast using diagnostic mammography, breast magnetic resonance imaging, or breast ultrasound;

(8) "Health benefit plan", the same meaning given to the term in section 376.1350;

(9) "Health carrier", the same meaning given to the term in section 376.1350;

(10) "Low-dose mammography screening", the same meaning given to the term in section 376.782.

2. Each health carrier or health benefit plan that offers or issues health benefit plans that are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2023, and that provide coverage for diagnostic examinations for breast cancer shall ensure that the cost-sharing requirements applicable to a diagnostic examination for breast cancer for an enrollee are no less favorable than the cost-sharing requirements applicable to a low-dose mammography screening for the enrollee.