

**As Introduced**

**125th General Assembly  
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**H. B. No. 331**

**Representatives Schmidt, Schneider, Hughes, Clancy, Raga, Schlichter,  
Webster, T. Patton, Grendell, Flowers, Barrett, J. Stewart, Miller, Allen,  
DeBose, McGregor, Latta, S. Patton, Key, Kearns, Brown, Jerse, Beatty,  
Harwood, Kilbane, Walcher**

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**A B I L L**

To amend sections 1751.62, 3923.52, 3923.53, and 1  
3923.54 of the Revised Code to raise the cap on 2  
the amount of benefits health care plans may 3  
provide for the expense of screening 4  
mammographies, an examination that the plans are 5  
required to cover, and to provide for the annual 6  
adjustment of this cap to reflect inflation. 7

**BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:**

**Section 1.** That sections 1751.62, 3923.52, 3923.53, and 8  
3923.54 of the Revised Code be amended to read as follows: 9

**Sec. 1751.62.** (A) As used in this section, "screening 10  
mammography" means a radiologic examination utilized to detect 11  
unsuspected breast cancer at an early stage in an asymptomatic 12  
woman and includes the x-ray examination of the breast using 13  
equipment that is dedicated specifically for mammography, 14  
including, but not limited to, the x-ray tube, filter, compression 15  
device, screens, film, and cassettes, and that has an average 16  
radiation exposure delivery of less than one rad mid-breast. 17

"Screening mammography" includes two views for each breast. The 18  
term also includes the professional interpretation of the film. 19

"Screening mammography" does not include diagnostic 20  
mammography. 21

(B) Every individual or group health insuring corporation 22  
policy, contract, or agreement providing basic health care 23  
services that is delivered, issued for delivery, or renewed in 24  
this state shall provide benefits for the expenses of both of the 25  
following: 26

(1) Screening mammography to detect the presence of breast 27  
cancer in adult women; 28

(2) Cytologic screening for the presence of cervical cancer. 29

(C) The benefits provided under division (B)(1) of this 30  
section shall cover expenses in accordance with all of the 31  
following: 32

(1) If a woman is at least thirty-five years of age but under 33  
forty years of age, one screening mammography; 34

(2) If a woman is at least forty years of age but under fifty 35  
years of age, either of the following: 36

(a) One screening mammography every two years; 37

(b) If a licensed physician has determined that the woman has 38  
risk factors to breast cancer, one screening mammography every 39  
year. 40

(3) If a woman is at least fifty years of age but under 41  
sixty-five years of age, one screening mammography every year. 42

(D)(1) The benefits provided under division (B)(1) of this 43  
section shall not exceed ~~eighty-five~~ one hundred five dollars per 44  
year ~~unless a lower amount is established pursuant to a provider~~ 45  
~~contract. The limit on the amount of benefits that may be provided~~ 46

for the expense of screening mammographies shall be adjusted 47  
annually to reflect the rate of inflation for medical services in 48  
the previous calendar year. 49

(2) The benefit paid in accordance with division (D)(1) of 50  
this section shall constitute full payment. No institutional or 51  
professional health care provider shall seek or receive 52  
remuneration in excess of the payment made in accordance with 53  
division (D)(1) of this section, except for approved copayments. 54

(E) The benefits provided under division (B)(1) of this 55  
section shall be provided only for screening mammographies that 56  
are performed in a health care facility or mobile mammography 57  
screening unit that is accredited under the American college of 58  
radiology mammography accreditation program or in a hospital as 59  
defined in section 3727.01 of the Revised Code. 60

(F) The benefits provided under divisions (B)(1) and (2) of 61  
this section shall be provided according to the terms of the 62  
subscriber contract. 63

(G) The benefits provided under division (B)(2) of this 64  
section shall be provided only for cytologic screenings that are 65  
processed and interpreted in a laboratory certified by the college 66  
of American pathologists or in a hospital as defined in section 67  
3727.01 of the Revised Code. 68

**Sec. 3923.52.** (A) As used in this section and section 3923.53 69  
of the Revised Code, "screening mammography" means a radiologic 70  
examination utilized to detect unsuspected breast cancer at an 71  
early stage in asymptomatic women and includes the x-ray 72  
examination of the breast using equipment that is dedicated 73  
specifically for mammography, including, but not limited to, the 74  
x-ray tube, filter, compression device, screens, film, and 75  
cassettes, and that has an average radiation exposure delivery of 76  
less than one rad mid-breast. "Screening mammography" includes two 77

views for each breast. The term also includes the professional 78  
interpretation of the film. 79

"Screening mammography" does not include diagnostic 80  
mammography. 81

(B) Every policy of individual or group sickness and accident 82  
insurance that is delivered, issued for delivery, or renewed in 83  
this state shall ~~offer to~~ provide benefits for the expenses of 84  
both of the following: 85

(1) Screening mammography to detect the presence of breast 86  
cancer in adult women; 87

(2) Cytologic screening for the presence of cervical cancer. 88

(C) The benefits provided under division (B)(1) of this 89  
section shall cover expenses in accordance with all of the 90  
following: 91

(1) If a woman is at least thirty-five years of age but under 92  
forty years of age, one screening mammography; 93

(2) If a woman is at least forty years of age but under fifty 94  
years of age, either of the following: 95

(a) One screening mammography every two years; 96

(b) If a licensed physician has determined that the woman has 97  
risk factors to breast cancer, one screening mammography every 98  
year. 99

(3) If a woman is at least fifty years of age but under 100  
sixty-five years of age, one screening mammography every year. 101

(D)(1) The benefits provided under division (B)(1) of this 102  
section shall not exceed ~~eighty-five~~ one hundred five dollars per 103  
year ~~unless a lower amount is established pursuant to a provider~~ 104  
~~contract. The limit on the amount of benefits that may be provided~~ 105  
for the expense of screening mammographies shall be adjusted 106

annually to reflect the rate of inflation for medical services in 107  
the previous calendar year. 108

(2) The benefit paid in accordance with division (D)(1) of 109  
this section shall constitute full payment. No institutional or 110  
professional health care provider shall seek or receive 111  
compensation in excess of the payment made in accordance with 112  
division (D)(1) of this section, except for approved deductibles 113  
and copayments. 114

(E) The benefits provided under division (B)(1) of this 115  
section shall be provided only for screening mammographies that 116  
are performed in a facility or mobile mammography screening unit 117  
that is accredited under the American college of radiology 118  
mammography accreditation program or in a hospital as defined in 119  
section 3727.01 of the Revised Code. 120

(F) The benefits provided under division (B)(2) of this 121  
section shall be provided only for cytologic screenings that are 122  
processed and interpreted in a laboratory certified by the college 123  
of American pathologists or in a hospital as defined in section 124  
3727.01 of the Revised Code. 125

(G) This section does not apply to any policy that provides 126  
coverage for specific diseases or accidents only, or to any 127  
hospital indemnity, medicare supplement, or other policy that 128  
offers only supplemental benefits. 129

**Sec. 3923.53.** (A) Every public employee benefit plan that is 130  
established or modified in this state shall provide benefits for 131  
the expenses of both of the following: 132

(1) Screening mammography to detect the presence of breast 133  
cancer in adult women; 134

(2) Cytologic screening for the presence of cervical cancer. 135

(B) The benefits provided under division (A)(1) of this 136

section shall cover expenses in accordance with all of the 137  
following: 138

(1) If a woman is at least thirty-five years of age but under 139  
forty years of age, one screening mammography; 140

(2) If a woman is at least forty years of age but under fifty 141  
years of age, either of the following: 142

(a) One screening mammography every two years; 143

(b) If a licensed physician has determined that the woman has 144  
risk factors to breast cancer, one screening mammography every 145  
year. 146

(3) If a woman is at least fifty years of age but under 147  
sixty-five years of age, one screening mammography every year. 148

(C)(1) The benefits provided under division (A)(1) of this 149  
section shall not exceed ~~eighty-five~~ one hundred five dollars per 150  
year ~~unless a lower amount is established pursuant to a provider~~ 151  
~~contract. The limit on the amount of benefits that may be provided~~ 152  
for the expense of screening mammographies shall be adjusted 153  
annually to reflect the rate of inflation for medical services in 154  
the previous calendar year. 155

(2) The benefit paid in accordance with division (C)(1) of 156  
this section shall constitute full payment. No institutional or 157  
professional health care provider shall seek or receive 158  
compensation in excess of the payment made in accordance with 159  
division (C)(1) of this section, except for approved deductibles 160  
and copayments. 161

(D) The benefits provided under division (A)(1) of this 162  
section shall be provided only for screening mammographies that 163  
are performed in a facility or mobile mammography screening unit 164  
that is accredited under the American college of radiology 165  
mammography accreditation program or in a hospital as defined in 166

section 3727.01 of the Revised Code. 167

(E) The benefits provided under division (A)(2) of this 168  
section shall be provided only for cytologic screenings that are 169  
processed and interpreted in a laboratory certified by the college 170  
of American pathologists or in a hospital as defined in section 171  
3727.01 of the Revised Code. 172

**Sec. 3923.54.** (A) As used in this section, "screening 173  
mammography" means a radiologic examination utilized to detect 174  
 unsuspected breast cancer at an early stage in asymptomatic women 175  
and includes the x-ray examination of the breast using equipment 176  
that is dedicated specifically for mammography including, but not 177  
limited to, the x-ray tube, filter, compression device, screens, 178  
film, and cassettes, and that has an average radiation exposure 179  
delivery of less than one rad mid-breast. "Screening mammography" 180  
includes two views for each breast. The term also includes the 181  
professional interpretation of the film. 182

"Screening mammography" does not include diagnostic 183  
mammography. 184

(B) Each employer in this state that provides, in whole or in 185  
part, health care benefits for its employees under a policy of 186  
sickness and accident insurance issued in accordance with Chapter 187  
3923. of the Revised Code shall also provide to its employees 188  
benefits for the expenses of both of the following: 189

(1) Screening mammography to detect the presence of breast 190  
cancer in adult women; 191

(2) Cytologic screening for the presence of cervical cancer. 192

(C) An employer may comply with division (B) of this section 193  
in any of the following ways: 194

(1) By providing the benefits under a health insuring 195  
corporation contract issued in accordance with Chapter 1751. of 196

the Revised Code or a policy of sickness and accident insurance	197
issued in accordance with Chapter 3923. of the Revised Code;	198
(2) By reimbursing the employee for the direct health care	199
provider charges associated with receipt of the covered service;	200
(3) By making any other arrangement that provides the	201
benefits described in division (B) of this section.	202
(D) The benefits provided under division (B)(1) of this	203
section shall cover expenses in accordance with all of the	204
following:	205
(1) If a woman is at least thirty-five years of age but under	206
forty years of age, one screening mammography;	207
(2) If a woman is at least forty years of age but under fifty	208
years of age, either of the following:	209
(a) One screening mammography every two years;	210
(b) If a licensed physician has determined that the woman has	211
risk factors to breast cancer, one screening mammography every	212
year.	213
(3) If a woman is at least fifty years of age but under	214
sixty-five years of age, one screening mammography every year.	215
(E)(1) The benefits provided under division (B)(1) of this	216
section need not exceed <del>eighty-five</del> <u>one hundred five</u> dollars per	217
year. <u>The limit on the amount of benefits that may be provided for</u>	218
<u>the expense of screening mammographies shall be adjusted annually</u>	219
<u>to reflect the rate of inflation for medical services in the</u>	220
<u>previous calendar year.</u>	221
(2) The benefit paid in accordance with division (E)(1) of	222
this section shall constitute full payment. No institutional or	223
professional health care provider shall seek or receive	224
compensation in excess of the payment made in accordance with	225
division (E)(1) of this section, except for approved deductibles	226



and copayments. 227

(F) The benefits provided under division (B)(1) of this 228  
section shall be provided only for screening mammographies that 229  
are performed in a facility or mobile mammography screening unit 230  
that is accredited under the American college of radiology 231  
mammography accreditation program or in a hospital as defined in 232  
section 3727.01 of the Revised Code. 233

(G) The benefits provided under division (B)(2) of this 234  
section shall be provided only for cytologic screenings that are 235  
processed and interpreted in a laboratory certified by the college 236  
of American pathologists or in a hospital as defined in section 237  
3727.01 of the Revised Code. 238

**Section 2.** That existing sections 1751.62, 3923.52, 3923.53, 239  
and 3923.54 of the Revised Code are hereby repealed. 240