

## As Passed by the House

125th General Assembly

Regular Session

2003-2004

Sub. 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, Price, G. Smith, S. Smith, Cirelli, Hollister,  
Reidelbach, Aslanides, Bocchieri, Book, Buehrer, Callender, Carano,  
Carmichael, Cates, Chandler, Collier, Daniels, DeGeeter, Distel, Domenick,  
C. Evans, D. Evans, Faber, Gilb, Hagan, Hartnett, Hoops, Koziura, Martin,  
Mason, Oelslager, Olman, Otterman, Schaffer, Seaver, Setzer, Sferra,  
Skindell, Slaby, D. Stewart, Strahorn, Sykes, Taylor, Ujvagi, Widener,  
Widowfield, Willamowski, Wilson, Woodard, Yates

---

### A B I L L

To amend sections 1751.62, 3923.52, 3923.53, and	1
3923.54 of the Revised Code to cap the benefits	2
health care plans provide for the expense of	3
screening mammographies, an examination that the	4
plans are required to cover, at 130% of the	5
Medicare reimbursement rate.	6

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

<b>Section 1.</b> That sections 1751.62, 3923.52, 3923.53, and	7
3923.54 of the Revised Code be amended to read as follows:	8

<b>Sec. 1751.62.</b> (A) As used in this section, <del>"screening:</del>	9
--	---

<u>(1) "Screening mammography"</u> means a radiologic examination	10
---	----

utilized to detect unsuspected breast cancer at an early stage in  
an asymptomatic woman and includes the x-ray examination of the  
breast using equipment that is dedicated specifically for  
mammography, including, but not limited to, the x-ray tube,  
filter, compression device, screens, film, and cassettes, and that  
has an average radiation exposure delivery of less than one rad  
mid-breast. "Screening mammography" includes two views for each  
breast. The term also includes the professional interpretation of  
the film.

"Screening mammography" does not include diagnostic  
mammography.

(2) "Medicare reimbursement rate" means the reimbursement  
rate paid in Ohio under the medicare program for screening  
mammography that does not include digitalization or computer aided  
detection, regardless of whether the actual benefit includes  
digitalization or computer aided detection.

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

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

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

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

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

(2) If a woman is at least forty years of age but under fifty

years of age, either of the following:

(a) One screening mammography every two years;

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

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

(D)(1) ~~The benefits~~ Subject to divisions (D)(2) and (3) of this section, if a provider, hospital, or other health care facility provides a service that is a component of the screening mammography benefit in division (B)(1) of this section and submits a separate claim for that component, a separate payment shall be made to the provider, hospital, or other health care facility in an amount that corresponds to the ratio paid by medicare in this state for that component.

(2) Regardless of whether separate payments are made for the benefit provided under division (B)(1) of this section, the total benefit for a screening mammography shall not exceed eighty-five dollars per year unless a lower amount is established pursuant to a provider contract one hundred thirty per cent of the medicare reimbursement rate in this state for screening mammography. If there is more than one medicare reimbursement rate in this state for screening mammography or a component of a screening mammography, the reimbursement limit shall be one hundred thirty per cent of the lowest medicare reimbursement rate in this state.

~~(2)~~(3) The benefit paid in accordance with division (D)(1) of this section shall constitute full payment. No institutional or professional provider, hospital, or other health care provider facility shall seek or receive remuneration in excess of the payment made in accordance with division (D)(1) of this section, except for approved deductibles and copayments.

(E) The benefits provided under division (B)(1) of this 72  
section shall be provided only for screening mammographies that 73  
are performed in a health care facility or mobile mammography 74  
screening unit that is accredited under the American college of 75  
radiology mammography accreditation program or in a hospital as 76  
defined in section 3727.01 of the Revised Code. 77

(F) The benefits provided under divisions (B)(1) and (2) of 78  
this section shall be provided according to the terms of the 79  
subscriber contract. 80

(G) The benefits provided under division (B)(2) of this 81  
section shall be provided only for cytologic screenings that are 82  
processed and interpreted in a laboratory certified by the college 83  
of American pathologists or in a hospital as defined in section 84  
3727.01 of the Revised Code. 85

**Sec. 3923.52.** (A) As used in this section and section 3923.53 86  
of the Revised Code, "screening mammography" means a radiologic 87  
examination utilized to detect unsuspected breast cancer at an 88  
early stage in asymptomatic women and includes the x-ray 89  
examination of the breast using equipment that is dedicated 90  
specifically for mammography, including, but not limited to, the 91  
x-ray tube, filter, compression device, screens, film, and 92  
cassettes, and that has an average radiation exposure delivery of 93  
less than one rad mid-breast. "Screening mammography" includes two 94  
views for each breast. The term also includes the professional 95  
interpretation of the film. 96

"Screening mammography" does not include diagnostic 97  
mammography. 98

(B) Every policy of individual or group sickness and accident 99  
insurance that is delivered, issued for delivery, or renewed in 100  
this state shall ~~offer to~~ provide benefits for the expenses of 101

both of the following: 102

(1) Screening mammography to detect the presence of breast 103  
cancer in adult women; 104

(2) Cytologic screening for the presence of cervical cancer. 105

(C) The benefits provided under division (B)(1) of this 106  
section shall cover expenses in accordance with all of the 107  
following: 108

(1) If a woman is at least thirty-five years of age but under 109  
forty years of age, one screening mammography; 110

(2) If a woman is at least forty years of age but under fifty 111  
years of age, either of the following: 112

(a) One screening mammography every two years; 113

(b) If a licensed physician has determined that the woman has 114  
risk factors to breast cancer, one screening mammography every 115  
year. 116

(3) If a woman is at least fifty years of age but under 117  
sixty-five years of age, one screening mammography every year. 118

(D)~~(1) The benefits~~ As used in this division, "medicare 119  
reimbursement rate" means the reimbursement rate paid in this 120  
state under the medicare program for screening mammography that 121  
does not include digitization or computer-aided detection, 122  
regardless of whether the actual benefit includes digitization or 123  
computer-aided detection. 124

(1) Subject to divisions (D)(2) and (3) of this section, if a 125  
provider, hospital, or other health care facility provides a 126  
service that is a component of the screening mammography benefit 127  
in division (B)(1) of this section and submits a separate claim 128  
for that component, a separate payment shall be made to the 129  
provider, hospital, or other health care facility in an amount 130  
that corresponds to the ratio paid by medicare in this state for 131

that component.

132

(2) Regardless of whether separate payments are made for the  
benefit provided under division (B)(1) of this section, the total  
benefit for a screening mammography shall not exceed eighty-five  
dollars per year unless a lower amount is established pursuant to  
a provider contract one hundred thirty per cent of the medicare  
reimbursement rate in this state for screening mammography. If  
there is more than one medicare reimbursement rate in this state  
for screening mammography or a component of a screening  
mammography, the reimbursement limit shall be one hundred thirty  
per cent of the lowest medicare reimbursement rate in this state.

133

134

135

136

137

138

139

140

141

142

~~(2)~~(3) The benefit paid in accordance with division (D)(1) of  
this section shall constitute full payment. No ~~institutional or~~  
~~professional provider, hospital, or other~~ health care ~~provider~~  
~~facility~~ shall seek or receive compensation in excess of the  
payment made in accordance with division (D)(1) of this section,  
except for approved deductibles and copayments.

143

144

145

146

147

148

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

149

150

151

152

153

154

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

155

156

157

158

159

(G) This section does not apply to any policy that provides  
coverage for specific diseases or accidents only, or to any  
hospital indemnity, medicare supplement, or other policy that

160

161

162

offers only supplemental benefits. 163

**Sec. 3923.53.** (A) Every public employee benefit plan that is 164  
established or modified in this state shall provide benefits for 165  
the expenses of both of the following: 166

(1) Screening mammography to detect the presence of breast 167  
cancer in adult women; 168

(2) Cytologic screening for the presence of cervical cancer. 169

(B) The benefits provided under division (A)(1) of this 170  
section shall cover expenses in accordance with all of the 171  
following: 172

(1) If a woman is at least thirty-five years of age but under 173  
forty years of age, one screening mammography; 174

(2) If a woman is at least forty years of age but under fifty 175  
years of age, either of the following: 176

(a) One screening mammography every two years; 177

(b) If a licensed physician has determined that the woman has 178  
risk factors to breast cancer, one screening mammography every 179  
year. 180

(3) If a woman is at least fifty years of age but under 181  
sixty-five years of age, one screening mammography every year. 182

(C)~~(1)~~ The benefits As used in this division, "medicare 183  
reimbursement rate" means the reimbursement rate paid in this 184  
state under the medicare program for screening mammography that 185  
does not include digitization or computer-aided detection, 186  
regardless of whether the actual benefit includes digitization or 187  
computer-aided detection. 188

(1) Subject to divisions (C)(2) and (3) of this section, if a 189  
provider, hospital, or other health care facility provides a 190  
service that is a component of the screening mammography benefit 191

in division (B)(1) of this section and submits a separate claim  
for that component, a separate payment shall be made to the  
provider, hospital, or other health care facility in an amount  
that corresponds to the ratio paid by medicare in this state for  
that component.

192  
193  
194  
195  
196

(2) Regardless of whether separate payments are made for the  
benefit provided under division (A)(1) of this section, the total  
benefit for a screening mammography shall not exceed eighty five  
dollars per year unless a lower amount is established pursuant to  
a provider contract one hundred thirty per cent of the medicare  
reimbursement rate in this state for screening mammography. If  
there is more than one medicare reimbursement rate in this state  
for screening mammography or a component of a screening  
mammography, the reimbursement limit shall be one hundred thirty  
per cent of the lowest medicare reimbursement rate in this state.

197  
198  
199  
200  
201  
202  
203  
204  
205  
206

~~+(2)+(3)~~ The benefit paid in accordance with division (C)(1) of  
this section shall constitute full payment. No ~~institutional or~~  
~~professional provider, hospital, or other~~ health care ~~provider~~  
~~facility~~ shall seek or receive compensation in excess of the  
payment made in accordance with division (C)(1) of this section,  
except for approved deductibles and copayments.

207  
208  
209  
210  
211  
212

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

213  
214  
215  
216  
217  
218

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

219  
220  
221  
222



3727.01 of the Revised Code. 223

**Sec. 3923.54.** (A) As used in this section, "screening 224  
mammography" means a radiologic examination utilized to detect 225  
unsuspected breast cancer at an early stage in asymptomatic women 226  
and includes the x-ray examination of the breast using equipment 227  
that is dedicated specifically for mammography including, but not 228  
limited to, the x-ray tube, filter, compression device, screens, 229  
film, and cassettes, and that has an average radiation exposure 230  
delivery of less than one rad mid-breast. "Screening mammography" 231  
includes two views for each breast. The term also includes the 232  
professional interpretation of the film. 233

"Screening mammography" does not include diagnostic 234  
mammography. 235

(B) Each employer in this state that provides, in whole or in 236  
part, health care benefits for its employees under a policy of 237  
sickness and accident insurance issued in accordance with Chapter 238  
3923. of the Revised Code shall also provide to its employees 239  
benefits for the expenses of both of the following: 240

(1) Screening mammography to detect the presence of breast 241  
cancer in adult women; 242

(2) Cytologic screening for the presence of cervical cancer. 243

(C) An employer may comply with division (B) of this section 244  
in any of the following ways: 245

(1) By providing the benefits under a health insuring 246  
corporation contract issued in accordance with Chapter 1751. of 247  
the Revised Code or a policy of sickness and accident insurance 248  
issued in accordance with Chapter 3923. of the Revised Code; 249

(2) By reimbursing the employee for the direct health care 250  
provider charges associated with receipt of the covered service; 251

(3) By making any other arrangement that provides the 252

benefits described in division (B) of this section. 253

(D) The benefits provided under division (B)(1) of this 254  
section shall cover expenses in accordance with all of the 255  
following: 256

(1) If a woman is at least thirty-five years of age but under 257  
forty years of age, one screening mammography; 258

(2) If a woman is at least forty years of age but under fifty 259  
years of age, either of the following: 260

(a) One screening mammography every two years; 261

(b) If a licensed physician has determined that the woman has 262  
risk factors to breast cancer, one screening mammography every 263  
year. 264

(3) If a woman is at least fifty years of age but under 265  
sixty-five years of age, one screening mammography every year. 266

(E)~~(1)~~ The benefits As used in this division, "medicare 267  
reimbursement rate" means the reimbursement rate paid in this 268  
state under the medicare program for screening mammography that 269  
does not include digitization or computer-aided detection, 270  
regardless of whether the actual benefit includes digitization or 271  
computer-aided detection. 272

(1) Subject to divisions (E)(2) and (3) of this section, if a 273  
provider, hospital, or other health care facility provides a 274  
service that is a component of the screening mammography benefit 275  
in division (B)(1) of this section and submits a separate claim 276  
for that component, a separate payment shall be made to the 277  
provider, hospital, or other health care facility in an amount 278  
that corresponds to the ratio paid by medicare in this state for 279  
that component. 280

(2) Regardless of whether separate payments are made for the 281  
benefit provided under division (B)(1) of this section, the total 282

benefit for a screening mammography need not exceed eighty-five 283  
dollars per year one hundred thirty per cent of the medicare 284  
reimbursement rate in this state for screening mammography. If 285  
there is more than one medicare reimbursement rate in this state 286  
for screening mammography or a component of a screening 287  
mammography, the reimbursement limit shall be one hundred thirty 288  
per cent of the lowest medicare reimbursement rate in this state. 289

~~(2)~~(3) The benefit paid in accordance with division (E)(1) of 290  
this section shall constitute full payment. No ~~institutional or~~ 291  
~~professional provider, hospital, or other~~ health care ~~provider~~ 292  
~~facility~~ shall seek or receive compensation in excess of the 293  
payment made in accordance with division (E)(1) of this section, 294  
except for approved deductibles and copayments. 295

(F) The benefits provided under division (B)(1) of this 296  
section shall be provided only for screening mammographies that 297  
are performed in a facility or mobile mammography screening unit 298  
that is accredited under the American college of radiology 299  
mammography accreditation program or in a hospital as defined in 300  
section 3727.01 of the Revised Code. 301

(G) The benefits provided under division (B)(2) of this 302  
section shall be provided only for cytologic screenings that are 303  
processed and interpreted in a laboratory certified by the college 304  
of American pathologists or in a hospital as defined in section 305  
3727.01 of the Revised Code. 306

**Section 2.** That existing sections 1751.62, 3923.52, 3923.53, 307  
and 3923.54 of the Revised Code are hereby repealed. 308