

**As Reported by the House Health Committee**

**125th General Assembly**

**Regular Session**

**2003-2004**

**Sub. H. B. No. 331**

**Representatives Schmidt, Schneider, Hughes, Clancy, Raga, Schlichter,  
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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 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:**

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

**Sec. 1751.62.** (A) As used in this section, ~~"screening:~~ 9

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

mid-breast. "Screening mammography" includes two views for each 17  
breast. The term also includes the professional interpretation of 18  
the film. 19

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

(2) "Medicare reimbursement rate" means the reimbursement 22  
rate paid in Ohio under the medicare program for screening 23  
mammography that does not include digitalization or computer aided 24  
detection, regardless of whether the actual benefit includes 25  
digitalization or computer aided detection. 26

(B) Every individual or group health insuring corporation 27  
policy, contract, or agreement providing basic health care 28  
services that is delivered, issued for delivery, or renewed in 29  
this state shall provide benefits for the expenses of both of the 30  
following: 31

(1) Screening mammography to detect the presence of breast 32  
cancer in adult women; 33

(2) Cytologic screening for the presence of cervical cancer. 34

(C) The benefits provided under division (B)(1) of this 35  
section shall cover expenses in accordance with all of the 36  
following: 37

(1) If a woman is at least thirty-five years of age but under 38  
forty years of age, one screening mammography; 39

(2) If a woman is at least forty years of age but under fifty 40  
years of age, either of the following: 41

(a) One screening mammography every two years; 42

(b) If a licensed physician has determined that the woman has 43  
risk factors to breast cancer, one screening mammography every 44  
year. 45

(3) If a woman is at least fifty years of age but under 46

sixty-five years of age, one screening mammography every year. 47

(D)(1) ~~The benefits~~ Subject to divisions (D)(2) and (3) of 48  
this section, if a provider, hospital, or other health care 49  
facility provides a service that is a component of the screening 50  
mammography benefit in division (B)(1) of this section and submits 51  
a separate claim for that component, a separate payment shall be 52  
made to the provider, hospital, or other health care facility in 53  
an amount that corresponds to the ratio paid by medicare in this 54  
state for that component. 55

(2) Regardless of whether separate payments are made for the 56  
benefit provided under division (B)(1) of this section, the total 57  
benefit for a screening mammography shall not exceed eighty-five 58  
dollars per year unless a lower amount is established pursuant to 59  
a provider contract one hundred thirty per cent of the medicare 60  
reimbursement rate in this state for screening mammography. If 61  
there is more than one medicare reimbursement rate in this state 62  
for screening mammography or a component of a screening 63  
mammography, the reimbursement limit shall be one hundred thirty 64  
per cent of the lowest medicare reimbursement rate in this state. 65

~~(2)(3)~~ (3) The benefit paid in accordance with division (D)(1) of 66  
this section shall constitute full payment. No ~~institutional or~~ 67  
~~professional~~ provider, hospital, or other health care ~~provider~~ 68  
facility shall seek or receive remuneration in excess of the 69  
payment made in accordance with division (D)(1) of this section, 70  
except for approved deductibles and copayments. 71

(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 this section shall be provided according to the terms of the subscriber contract.

(G) 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.

**Sec. 3923.52.** (A) As used in this section and section 3923.53 of the Revised Code, "screening mammography" means a radiologic examination utilized to detect unsuspected breast cancer at an early stage in asymptomatic women 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.

(B) Every policy of individual or group sickness and accident insurance that is delivered, issued for delivery, or renewed in this state shall ~~offer to~~ 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: 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 133  
benefit provided under division (B)(1) of this section, the total 134  
benefit for a screening mammography shall not exceed eighty five 135  
dollars per year unless a lower amount is established pursuant to 136  
a provider contract one hundred thirty per cent of the medicare 137

reimbursement rate in this state for screening mammography. If 138  
there is more than one medicare reimbursement rate in this state 139  
for screening mammography or a component of a screening 140  
mammography, the reimbursement limit shall be one hundred thirty 141  
per cent of the lowest medicare reimbursement rate in this state. 142

~~(2)~~(3) The benefit paid in accordance with division (D)(1) of 143  
this section shall constitute full payment. No ~~institutional or~~ 144  
~~professional provider, hospital, or other health care provider~~ 145  
~~facility~~ shall seek or receive compensation in excess of the 146  
payment made in accordance with division (D)(1) of this section, 147  
except for approved deductibles and copayments. 148

(E) The benefits provided under division (B)(1) of this 149  
section shall be provided only for screening mammographies that 150  
are performed in a facility or mobile mammography screening unit 151  
that is accredited under the American college of radiology 152  
mammography accreditation program or in a hospital as defined in 153  
section 3727.01 of the Revised Code. 154

(F) The benefits provided under division (B)(2) of this 155  
section shall be provided only for cytologic screenings that are 156  
processed and interpreted in a laboratory certified by the college 157  
of American pathologists or in a hospital as defined in section 158  
3727.01 of the Revised Code. 159

(G) This section does not apply to any policy that provides 160  
coverage for specific diseases or accidents only, or to any 161  
hospital indemnity, medicare supplement, or other policy that 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 section shall cover expenses in accordance with all of the following:	170 171 172
(1) If a woman is at least thirty-five years of age but under forty years of age, one screening mammography;	173 174
(2) If a woman is at least forty years of age but under fifty years of age, either of the following:	175 176
(a) One screening mammography every two years;	177
(b) If a licensed physician has determined that the woman has risk factors to breast cancer, one screening mammography every year.	178 179 180
(3) If a woman is at least fifty years of age but under sixty-five years of age, one screening mammography every year.	181 182
(C) <del>(1)</del> <u>The benefits As used in this division, "medicare reimbursement rate" means the reimbursement rate paid in this state under the medicare program for screening mammography that does not include digitization or computer-aided detection, regardless of whether the actual benefit includes digitization or computer-aided detection.</u>	183 184 185 186 187 188
<u>(1) Subject to divisions (C)(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.</u>	189 190 191 192 193 194 195 196
<u>(2) Regardless of whether separate payments are made for the</u>	197

benefit provided under division (A)(1) of this section, the total 198  
benefit for a screening mammography shall not exceed eighty five 199  
dollars per year unless a lower amount is established pursuant to 200  
a provider contract one hundred thirty per cent of the medicare 201  
reimbursement rate in this state for screening mammography. If 202  
there is more than one medicare reimbursement rate in this state 203  
for screening mammography or a component of a screening 204  
mammography, the reimbursement limit shall be one hundred thirty 205  
per cent of the lowest medicare reimbursement rate in this state. 206

~~(2)~~(3) The benefit paid in accordance with division (C)(1) of 207  
this section shall constitute full payment. No ~~institutional or~~ 208  
~~professional provider, hospital, or other~~ health care ~~provider~~ 209  
~~facility~~ shall seek or receive compensation in excess of the 210  
payment made in accordance with division (C)(1) of this section, 211  
except for approved deductibles and copayments. 212

(D) The benefits provided under division (A)(1) of this 213  
section shall be provided only for screening mammographies that 214  
are performed in a facility or mobile mammography screening unit 215  
that is accredited under the American college of radiology 216  
mammography accreditation program or in a hospital as defined in 217  
section 3727.01 of the Revised Code. 218

(E) The benefits provided under division (A)(2) of this 219  
section shall be provided only for cytologic screenings that are 220  
processed and interpreted in a laboratory certified by the college 221  
of American pathologists or in a hospital as defined in section 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