HOUSE BILL No. 2689

By Representatives Featherston, L. Williams, Ballard, Borjon, Carlin, Concannon, Curtis, Haswood, Hougland, Hoye, Martinez, McDonald, Melton, Meyer, Neighbor, Oropeza, Pickert, Poskin, S. Ruiz, Sawyer Clayton, Wasinger and Winn

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AN ACT concerning insurance; relating to health insurance plans; requiring no cost-sharing requirement imposed on insureds for diagnostic and supplemental breast examinations for breast cancer; amending K.S.A. 40-2,103 and 40-19c09 and repealing the existing sections.

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 before January 1, 2025, and provides benefits for screening, diagnostic breast examinations and supplemental breast examinations shall ensure that there is no cost-sharing requirement applicable to a diagnostic or supplemental breast examination for breast cancer imposed on an insured when such an examination is furnished to an insured.

- (b) If under federal law, application of subsection (a) would result in health savings account ineligibility under section 223 of the federal internal revenue code, then this requirement shall apply only to health savings account-qualified high deductible health plans after the enrollee has satisfied the minimum deductible under section 223. For items or services that are classified as preventive care pursuant to section 223(c)(2) (C) of the federal internal revenue code, the requirements of subsection (a) shall apply regardless of whether the minimum deductible under section 223 has been satisfied.
- (c) The provisions of K.S.A. 40-2248 and 40-2249a, and amendments thereto, shall not apply to this section.
 - (d) As used in this section:
- (1) "Cost-sharing requirement" means a deductible, coinsurance, copayment or similar out-of-pocket expense.
- (2) "Diagnostic breast examination" means a medically necessary and appropriate, in accordance with national comprehensive cancer network guidelines, examination of the breast, including, but not limited to, such

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an examination using contrast-enhanced mammography, diagnostic mammography, breast magnetic resonance imaging, or breast ultrasound that is used to evaluate an abnormality:

- (A) Seen or suspected from a screening examination for breast cancer; or
 - (B) detected by other means of examination.
- (3) "Insured" means an individual who is covered by a health insurance plan.
- (4) "Supplemental breast examination" means a medically necessary and appropriate, in accordance with national comprehensive cancer network guidelines, examination of the breast, including, but not limited to, such an examination using contrast-enhanced mammography, diagnostic mammography, breast magnetic resonance imaging or breast ultrasound that is used to screen for breast cancer:
 - (A) When there is no abnormality seen or suspected; and
- (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, 40-2,184, 40-2,190, 40-2,194, 40-2,210 through 40-2,216, 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 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.
 - Sec. 3. K.S.A. 40-19c09 is hereby amended to read as follows: 40-19c09. (a) Corporations organized under the nonprofit medical and hospital service corporation act shall be subject to the provisions of the Kansas general corporation code, articles 60 through 74 of chapter 17 of the Kansas Statutes Annotated, and amendments thereto, applicable to nonprofit corporations, to the provisions of K.S.A. 40-214, 40-215, 40-216, 40-218, 40-219, 40-222, 40-223, 40-224, 40-225, 40-229, 40-230, 40-231, 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, 40-2,105a, 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, 40-2,194, 40-2,210 through 40-2,216, 40-2a01 et seq., 40-2111 through 40-2116, 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-

3301 through 40-3313 and 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 amendments thereto,

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 and section 1, and amendments thereto, except as the context otherwise requires, and shall not be subject to any other provisions of the insurance 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 that 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 available for the same accident or illness.
- (c) *Any* violation of subsection (b) shall be subject to the penalties prescribed by K.S.A. 40-2407 and 40-2411, and amendments thereto.
 - 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.