

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2023

H.B. 560  
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HOUSE PRINCIPAL CLERK

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HOUSE BILL DRH10272-NEp-72

Short Title: Diagnostic Imaging Parity.

(Public)

Sponsors: Representative Belk.

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT TO PROVIDE HEALTH COVERAGE PARITY FOR BREAST CANCER  
3 DIAGNOSTIC IMAGING.

4 The General Assembly of North Carolina enacts:

5 SECTION 1.(a) G.S. 58-51-57 is recodified as G.S. 58-3-271.

6 SECTION 1.(b) G.S. 58-65-92 is repealed.

7 SECTION 1.(c) G.S. 58-67-76 is repealed.

8 SECTION 2. G.S. 58-3-271, as enacted by Section 1(a) of this act, reads as rewritten:

9 "§ 58-3-271. Coverage for diagnostic, screening, and supplemental examinations for  
10 breast cancer, including mammograms and other imaging, and cervical cancer  
11 screening.

12 (a) The following definitions apply in this section:

13 (1) Breast magnetic resonance imaging. – A diagnostic tool that uses a powerful  
14 magnetic field, radio waves, and a computer to produce detailed pictures of  
15 the structures within the breast.

16 (2) Breast ultrasound. – A noninvasive diagnostic tool that uses high-frequency  
17 sound waves to produce detailed images of the breast.

18 (3) Cost-sharing requirement. – A deductible, coinsurance, copayment, and any  
19 maximum limitation on the application of a deductible, coinsurance,  
20 copayment, or similar out-of-pocket expense.

21 (4) Diagnostic examination for breast cancer. – An examination for breast cancer  
22 that is determined by the health care provider treating the patient to be  
23 medically necessary and appropriate and that may include breast magnetic  
24 resonance imaging, breast ultrasound, and diagnostic low-dose  
25 mammography to evaluate the abnormality in the breast that meets one of the  
26 following criteria:

27 a. Is seen or suspected from a screening examination for breast cancer.

28 b. Is detected by another means of examination.

29 (5) Low-dose mammography. – A radiologic procedure for the early detection of  
30 breast cancer using equipment dedicated specifically for mammography,  
31 including a physician's interpretation of the results of the procedure.

32 (6) Screening of early detection of cervical cancer. – Examinations and laboratory  
33 tests used to detect cervical cancer, including conventional PAP smear  
34 screening, liquid-based cytology, and human papilloma virus (HPV) detection  
35 methods for women with equivocal findings on cervical cytologic analysis



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1 that are subject to the approval of and have been approved by the United States  
 2 Food and Drug Administration.

3 (7) Supplemental examination for breast cancer. – An examination for breast  
 4 cancer that is determined by the health care provider treating the patient to be  
 5 medically necessary and appropriate and that may include breast magnetic  
 6 resonance imaging or breast ultrasound to screen for cancer if the patient  
 7 meets either of the following criteria:

8 a. The patient is at increased risk for breast cancer based on the patient's  
 9 personal or family medical history of breast cancer.

10 b. The patient has heterogeneously or extremely dense breast tissue as  
 11 defined by the Breast Imaging Reporting and Data System established  
 12 by the American College of Radiology.

13 ~~(a)(b) Every policy or contract of accident or health insurance, and every preferred provider~~  
 14 ~~benefit plan under G.S. 58-50-56, that is issued, renewed, or amended on or after January 1, 1992,~~  
 15 ~~health benefit plan offered by an insurer in this State shall provide coverage for examinations and~~  
 16 ~~laboratory tests for the screening for the early detection of cervical cancer and for low-dose~~  
 17 ~~screening mammography. The same deductibles, coinsurance, and other limitations as apply to~~  
 18 ~~similar services covered under the policy, contract, or plan shall apply to coverage for~~  
 19 ~~examinations and laboratory tests for the screening for the early detection of cervical cancer and~~  
 20 ~~low-dose screening mammography.~~

21 ~~(a1) As used in this section, "examinations and laboratory tests for the screening for the~~  
 22 ~~early detection of cervical cancer" means conventional PAP smear screening, liquid-based~~  
 23 ~~cytology, and human papilloma virus (HPV) detection methods for women with equivocal~~  
 24 ~~findings on cervical cytologic analysis that are subject to the approval of and have been approved~~  
 25 ~~by the United States Food and Drug Administration.~~

26 ~~(b) As used in this section, "low-dose screening mammography" means a radiologic~~  
 27 ~~procedure for the early detection of breast cancer provided to an asymptomatic woman using~~  
 28 ~~equipment dedicated specifically for mammography, including a physician's interpretation of the~~  
 29 ~~results of the procedure.~~

30 ~~(c) Every health benefit plan offered by an insurer in this State that provides benefits for~~  
 31 ~~a diagnostic or supplemental examination for breast cancer shall ensure that the cost-sharing~~  
 32 ~~requirements applicable to a diagnostic or supplemental examination for breast cancer are no less~~  
 33 ~~favorable than the cost-sharing requirements applicable to a screening examination for breast~~  
 34 ~~cancer.~~

35 ~~(e)(d)~~ Coverage for low-dose screening mammography shall be provided as follows:

36 (1) One or more mammograms a year, as recommended by a physician, for any  
 37 ~~woman-individual~~ who is at risk for breast cancer. For purposes of this  
 38 subdivision, a ~~woman-individual~~ is at risk for breast cancer if any one or more  
 39 of the following is true:

40 a. ~~The woman-individual~~ has a personal history of breast ~~cancer;~~cancer.

41 b. ~~The woman-individual~~ has a personal history of biopsy-proven benign  
 42 breast ~~disease;~~disease.

43 c. ~~The woman's-individual's~~ mother, sister, or daughter has or has had  
 44 breast ~~cancer;~~or cancer.

45 d. The woman has not given birth prior to the age of ~~30;~~30.

46 (2) One baseline mammogram for any woman 35 through 39 years of age,  
 47 ~~inclusive;~~inclusive.

48 (3) A mammogram every other year for any woman 40 through 49 years of age,  
 49 inclusive, or more frequently upon recommendation of a ~~physician;~~  
 50 ~~and physician.~~and physician.

51 (4) A mammogram every year for any woman 50 years of age or older.

1       ~~(d)~~(e) Reimbursement for a mammogram authorized under this section shall be made only  
2 if the facility in which the mammogram was performed meets mammography accreditation  
3 standards established by the North Carolina Medical Care Commission.

4       ~~(e)~~(f) Coverage for the screening for the early detection of cervical cancer shall be in  
5 accordance with the most recently published American Cancer Society guidelines or guidelines  
6 adopted by the North Carolina Advisory Committee on Cancer Coordination and Control.  
7 Coverage shall include the examination, the laboratory fee, and the physician's interpretation of  
8 the laboratory results. Reimbursements for laboratory fees shall be made only if the laboratory  
9 meets accreditation standards adopted by the North Carolina Medical Care Commission."

10       **SECTION 3.** G.S. 135-48.51 reads as rewritten:

11       "**§ 135-48.51. Coverage and operational mandates related to Chapter 58 of the General**  
12       **Statutes.**

13       The following provisions of Chapter 58 of the General Statutes apply to the State Health Plan:

14       ...

15       (9a) G.S. 58-3-271, Coverage for diagnostic, screening, and supplemental  
16       examinations for breast cancer, including mammograms and other imaging,  
17       and cervical cancer screening.

18       ...."

19       **SECTION 4.** This act becomes effective October 1, 2023, and applies to insurance  
20 contracts issued, renewed, or amended on or after that date.