

Fiscal Estimate Narratives

OCI 5/27/2025

LRB Number	25-3021/1	Introduction Number	SB-0264	Estimate Type	Original
Description coverage of breast cancer screenings by the Medical Assistance program and health insurance policies and plans					

Assumptions Used in Arriving at Fiscal Estimate

This bill requires health insurance policies to provide coverage for diagnostic breast examinations and for supplemental breast screening examinations for an individual who is at increased risk of breast cancer, as determined in accordance with the most recent applicable guidelines of the National Comprehensive Cancer Network, or has heterogeneously or extremely dense breast tissue, as defined by the Breast Imaging-Reporting and Data System established by the American College of Radiology. Health insurance policies are referred to in the statutes as disability insurance policies. Self-insured governmental health plans are also required to provide the coverage specified in the bill. The bill also requires coverage of those breast screenings by the Medical Assistance program, which is the state administered Medicaid program that is jointly funded by the state and federal governments and that provides health services to individuals with limited financial resources.

Under the bill, health insurance policies may not charge a cost-sharing amount for a supplemental breast screening examination or diagnostic breast examination. The limitation on cost-sharing does not apply to the extent that the limitation would result in ineligibility for a health savings account under the federal Internal Revenue Code.

Health insurance policies are required under current law to cover two mammographic breast examinations to screen for breast cancer for a woman from ages 45 to 49 if certain criteria are satisfied. Health insurance policies must currently cover annual mammograms for a woman once she attains the age of 50. The coverage required under current law is required whether or not the woman shows any symptoms of breast cancer and may be subject to only the same exclusions and limitations, including cost sharing, that apply to other radiological examinations under the policy. The bill does not change or eliminate the current coverage requirements for mammograms, except that preferred provider plans are explicitly included in the current law and the bill's requirements.

At this time, OCI cannot determine whether this legislation will have a fiscal effect on agency resources or staff time.

Long-Range Fiscal Implications