
Committee Report

REGULAR CALENDAR

June 5, 2019

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

**The Committee on Commerce and Consumer Affairs to
which was referred SB 58-FN,**

**AN ACT relative to reimbursement rates for low-dose
mammography coverage. Having considered the same,
report the same with the following amendment, and the
recommendation that the bill OUGHT TO PASS WITH
AMENDMENT.**

Rep. Joyce Weston

FOR THE COMMITTEE

COMMITTEE REPORT

Committee:	Commerce and Consumer Affairs
Bill Number:	SB 58-FN
Title:	relative to reimbursement rates for low-dose mammography coverage.
Date:	June 5, 2019
Consent Calendar:	REGULAR
Recommendation:	OUGHT TO PASS WITH AMENDMENT 2019-2177h

STATEMENT OF INTENT

This bill clarifies the reimbursement rates for low-dose mammography and would require health insurers to reimburse providers at rates that reflect the increased cost of breast tomosynthesis (3D mammography) — the new industry standard for mammography. 3D mammography has proven to have a positive impact on patient care through fewer false-positive test results and faster detection of breast cancer. It is slightly more expensive than 2D mammography, but the cost differential is small and using the more advanced technology should save money in the long run. The amendment, which passed in committee on a vote of 12-8, amends the title of the bill and clarifies the original language.

Vote 14-6.

Rep. Joyce Weston
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Commerce and Consumer Affairs

SB 58-FN, relative to reimbursement rates for low-dose mammography coverage. **OUGHT TO PASS WITH AMENDMENT.**

Rep. Joyce Weston for Commerce and Consumer Affairs. This bill clarifies the reimbursement rates for low-dose mammography and would require health insurers to reimburse providers at rates that reflect the increased cost of breast tomosynthesis (3D mammography) — the new industry standard for mammography. 3D mammography has proven to have a positive impact on patient care through fewer false-positive test results and faster detection of breast cancer. It is slightly more expensive than 2D mammography, but the cost differential is small and using the more advanced technology should save money in the long run. The amendment, which passed in committee on a vote of 12-8, amends the title of the bill and clarifies the original language. **Vote 14-6.**

Original: House Clerk
Cc: Committee Bill File

Rep. Bartlett, Merr. 19
May 21, 2019
2019-2177h
01/06

Amendment to SB 58-FN

1 Amend the title of the bill by replacing it with the following:

2

3 AN ACT relative to payment for low-dose mammography coverage.

4

5 Amend the bill by replacing section 1 with the following:

6

7 1 New Subparagraph; Managed Care Law; Provider Contract Standards. Amend RSA 420-J:8,
8 VIII by inserting after subparagraph (d) the following new subparagraph:

9 (e) Provider contracts that include payment for mammography shall include distinct
10 recognition of and additional payment for industry standard coding relating to mammography
11 screening using 3-D tomosynthesis.

2019-2177h

AMENDED ANALYSIS

This bill clarifies payment for low-dose mammography under the managed care law.

Carol Stapler

From: Ed Butler <edofthenotch@gmail.com>
Sent: Wednesday, May 29, 2019 9:52 AM
To: Carol Stapler
Subject: RE: SB 58
Attachments: SB58 CR - Weston.docx

Carol,

This CR is OK to go.

Ed

From: Christy Bartlett <christydbartlett@gmail.com>
Sent: Tuesday, May 28, 2019 10:21 PM
To: Weston, Joyce <Joyce.Weston@leg.state.nh.us>; Ed Butler <edofthenotch@gmail.com>
Cc: Carol Stapler <Carol.Stapler@leg.state.nh.us>
Subject: Re: SB 58

Hi, Joyce,

Yes, I remember when Ed said you were to do this one & I didn't object. Maybe he's confident you know the issues and will be good at defending our position.

I getting my floor speech ready on SB279, the infertility bill. I don't expect there will be speeches on the other 2 bills on which I wrote committee reports.

If you want to talk about 225, I'm glad to get my notes.

See you on Tuesday.

Christy

224-3172 home
717-8151 cell

Rep. Christy Dolat Bartlett
Commerce & Consumer Affairs Committee
Merrimack District 19
Concord
FB Group: Christy Bartlett for NH State Rep

On Tue, May 28, 2019 at 10:58 AM Weston, Joyce <Joyce.Weston@leg.state.nh.us> wrote:

Hi, Carol,

I am cc'ing Christy on this, since amendment 2177h was hers. I don't know how it got confused. We had a lot to cover in the caucus, and perhaps I missed something. This explains why Ed called on me to make the motion for OTP when I was talking to Mark and Jason about the Clan vs. Klan misunderstanding.

How's this? Christy, if I need to defend this on the floor next week, I will prepare. If you would prefer to do that, let me know.

COMMITTEE REPORT

SB 58, relative to payment for low-dose mammography coverage. **OUT TO PASS WITH AMENDMENT.**

Rep. Joyce Weston for Commerce and Consumer Affairs.

SB 58 clarifies the reimbursement rates for low-dose mammography and would require health insurers to reimburse providers at rates that reflect the increased cost of breast tomosynthesis (3D) — the new industry standard for mammography. 3D mammography has proven to have a positive impact on patient care through fewer false-positive test results and faster detection of breast cancer. It is slightly more expensive than 2D mammography, but the cost differential is small and using the more advanced technology should save money in the long run. Amendment 2019-2177h, which passed in committee on a vote of 12–8, amends the title of the bill and clarifies the original language. **Vote 14–6.**

On May 28, 2019, at 10:23 AM, Carol Stapler <Carol.Stapler@leg.state.nh.us> wrote:

Joyce,

I **did not** receive SB 225...and according to the Exec form, your name is on it for making the motion on **SB 58**, although there may have been some confusion; Christy Bartlett's name was scratched out and yours was written in with Cristy seconding the motion...

I did a search for 225 but couldn't find it. I'm sorry, this is not a good way for you to start the new week.

From: Weston, Joyce
Sent: Tuesday, May 28, 2019 10:16 AM
To: Carol Stapler <Carol.Stapler@leg.state.nh.us>
Subject: Re: one more

Funny. That's news to me, but I'm glad to do it. Will send later today. You got SB 225, I gather.

On May 28, 2019, at 8:44 AM, Carol Stapler <Carol.Stapler@leg.state.nh.us> wrote:

Hi Joyce!

Almost missed one more report you are writing... SBL 58, OTP/A, # 2177h.
Thank You!

COMMITTEE REPORT

SB 58, relative to payment for low-dose mammography coverage. **OTP W/
AMENDMENT.**

Rep. Joyce Weston for Commerce and Consumer Affairs.

SB 58 clarifies the reimbursement rates for low-dose mammography and would require health insurers to reimburse providers at rates that reflect the increased cost of breast tomosynthesis (3D) — the new industry standard for mammography. 3D mammography has proven to have a positive impact on patient care through fewer false-positive test results and faster detection of breast cancer. It is slightly more expensive than 2D mammography, but the cost differential is small and using the more advanced technology should save money in the long run. Amendment 2019-2177h, which passed in committee on a vote of 12–8, amends the title of the bill and clarifies the original language. **Vote 14–6.**

Voting Sheets

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

EXECUTIVE SESSION on SB 58-FN

BILL TITLE: relative to reimbursement rates for low-dose mammography coverage.

DATE: ~~4-25-19~~ 5-21-19

LOB ROOM: 302

MOTION: (Please check one box)

OTP ITL Retain (1st year) Adoption of Amendment # 2177k (if offered)
Moved by Rep. Bartlett Secended by Rep. Van Houten Vote: 20-0

MOTION: (Please check one box)

OTP OTP/A ITL Retain (1st year) Adoption of Amendment # (if offered)
Moved by Rep. Weston Secended by Rep. Bartlett Vote: 14-6

MOTION: (Please check one box)

OTP OTP/A ITL Retain (1st year) Adoption of Amendment # (if offered)
Moved by Rep. Secended by Rep. Vote:

MOTION: (Please check one box)

OTP OTP/A ITL Retain (1st year) Adoption of Amendment # (if offered)
Moved by Rep. Secended by Rep. Vote:

CONSENT CALENDAR: YES NO

Minority Report? Yes No If yes, author, Rep: Motion

Respectfully submitted: [Signature] Rep Rebecca McBeath, Clerk



2019 SESSION

Commerce and Consumer Affairs

Bill #: 58056 Motion: Adopt Amendment AM #: 2177 Exec Session Date: _____

5-21-2019

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Butler, Edward A. Chairman	✓		
Williams, Kermit R. Vice Chairman	✓		
Giddens, Kenneth McConnell	✓		
Abel, Richard M.	✓		
McBeath, Rebecca Susan Clerk	✓		
Bartlett, Christy D.	✓		
Herbert, Christopher J.	✓		
Van Houten, Constance	✓		
Fargo, Kristina M.	✓		
Indruk, Greg L.	✓		
Muscatel, Garrett D.	✓		
Weston, Joyce	✓		
Hunt, John B.	✓		
Sullivan, John RENZULLO	✓		
Osborne, Jason M.	✓		
Costable, Michael	✓		
Plummer, John P. BALDASARO	✓		
Barnes, Arthur E.	✓		
Potucek, John M.	✓		
Warden, Mark ↑	✓		
TOTAL VOTE:	20	0	



2019 SESSION

Commerce and Consumer Affairs

Bill #: SB 58 Motion: OTPA AM #: 277h Exec Session Date: 5-21-2019

<u>Members</u>	<u>YEAS</u>	<u>Nays</u>	<u>NV</u>
Butler, Edward A. Chairman	✓		
Williams, Kermit R. Vice Chairman	✓		
Giddens, Kenneth McConnell	✓		
Abel, Richard M.	✓		
McBeath, Rebecca Susan Clerk	✓		
Bartlett, Christy D.	✓		
Herbert, Christopher J.	✓		
Van Houten, Constance	✓		
Fargo, Kristina M.	✓		
Indruk, Greg L.	✓		
Muscatel, Garrett D.	✓		
Weston, Joyce	✓		
Hunt, John B.		✓	
Sullivan, John RENZULLO		✓	
Osborne, Jason M.		✓	
Costable, Michael		✓	
Plummer, John R. BALDASARO		✓	
Barnes, Arthur E.	✓		
Potucek, John M.	✓		
Warden, Mark ↑		✓	
TOTAL VOTE:	14	6	

Rep. Bartlett, Merr. 19
May 21, 2019
2019-2177h
01/06

Amendment to SB 58-FN

1 Amend the title of the bill by replacing it with the following:

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3 AN ACT relative to payment for low-dose mammography coverage.

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5 Amend the bill by replacing section 1 with the following:

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7 1 New Subparagraph; Managed Care Law; Provider Contract Standards. Amend RSA 420-J:8,
8 VIII by inserting after subparagraph (d) the following new subparagraph:

9 (e) Provider contracts that include payment for mammography shall include distinct
10 recognition of and additional payment for industry standard coding relating to mammography
11 screening using 3-D tomosynthesis.

Sub-Committee Minutes

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

FULL COMMITTEE WORK SESSION on SB 58-FN

BILL TITLE: relative to reimbursement rates for low-dose mammography coverage.

DATE: May 7, 2019

Subcommittee Members: Reps. Butler, Williams, McBeath, Gidge, Abel, Bartlett, Herbert, Van Houten, Fargo, Indruk, Muscatel, Weston, Hunt, Sanborn, J. Osborne, Costable, Plumer, Barnes, Potucek and Warden

Comments and Recommendations: Heidi Kroll reports stakeholders have worked out language for amendment suggested in 4-25-19 work session. Rep. Williams will sponsor amendment. See written notes.

Respectfully submitted,

Rep. Rebecca McBeath
Subcommittee Clerk

FULL
SUBCOMMITTEE WORK SESSION on SB 58-FN

BILL TITLE: relative to reimbursement rates for low-dose mammography coverage.

DATE: 5-7-19

Subcommittee Members: Reps. Butler, Williams, McBeath, Gidge, Abel, Bartlett, Herbert, Van Houten, Fargo, Indruk, Muscatel, Weston, Hunt, Sanborn, J. Osborne, Costable, Plumer, Barnes, Potucek and Warden

Comments and Recommendations:

Heidi Kroll reports stakeholders have met - worked out language for Amendment suggested on 4-25-19 work session notes.
1) Changes statute local. on 2) Amends language name to (P) (S) (E) 420-5:8, III (e) BSA

MOTIONS: OTP, OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr)
(Please circle one)

Moved by Rep. _____ Seconded by Rep. _____ AM Vote:

Adoption of Amendment # _____

Moved by Rep. _____ Seconded by Rep. _____ Vote:

_____ Amendment Adopted _____ Amendment Failed

MOTIONS: OTP, OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr)
(Please circle one)

Moved by Rep. _____ Seconded by Rep. _____ AM Vote:

Adoption of Amendment # _____

Moved by Rep. _____ Seconded by Rep. _____ Vote:

_____ Amendment Adopted _____ Amendment Failed

Respectfully submitted,

Rep. 
Subcommittee Chairman/Clerk

Rep Williams will sponsor the Amendment.
Copies of Amendment will be provided to Members by Exec.

See Heidi Kroll Email Attached
e Provider contracts that include payment for mammography shall include distinct payment for additional coding relating to mammography 3-D Tomosynthesis

P/3

→

Discussion

Hunt - this is a Rare incident.

when we are legislating a Reimbursement
to providers

NH D = - ~~of~~ yes it is Rare.

Butler - Where concerns are not following
the spirit of legislation, yes.

NH Hospital Assn - Agree w/ move to different State

Rep Hunt - Suggest Moving the word "additional"
in front of word "permit".

P. 2/3

Council Agrees

Van Hester - eliminate "additional"

Butler - leave language as is. -

Stakeholders will discuss and

bring close if necessary - Rep. Wilton

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

FULL COMMITTEE WORK SESSION on SB 58-FN

BILL TITLE: relative to reimbursement rates for low-dose mammography coverage.

DATE: April 25, 2019

Subcommittee Members: Reps. McBeath, Butler, Williams, Abel, Bartlett, Herbert, Van Houten, Fargo, Muscatel, Weston, Hunt, Costable, Plumer, Barnes, Potucek and Warden

Comments and Recommendations: Chair Butler asks stakeholders, NH Hospital Assn, Harvard Pilgrim, NHID, NAIFAQ to come up with amendment language by 1:00pm today. 4-25-2019

Respectfully submitted,



Rep. Rebecca McBeath
Subcommittee Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

FULL
SUBCOMMITTEE WORK SESSION on SB 58-FN

BILL TITLE: relative to reimbursement rates for low-dose mammography coverage.

DATE: 4-25-19

Subcommittee Members: Reps. Butler, Williams, McBeath, Gidge, Abel, Bartlett, Herbert, Van Houten, Fargo, Indruk, Muscatel, Weston, Hunt, Sanborn, J. Osborne, Costable, Plumer, Barnes, Potucek and Warden

Comments and Recommendations:

Chair Butler asks stakeholders, NH Hosp. Assn, Harvard Pilgrim, NHID, NAIFA to come up w/ Amendment language by 1:00 pm today 4-25-19

MOTIONS: OTP, OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr)
(Please circle one)

Moved by Rep. _____ Seconded by Rep. _____ AM Vote:

Adoption of Amendment # _____

Moved by Rep. _____ Seconded by Rep. _____ Vote:

_____ Amendment Adopted _____ Amendment Failed

MOTIONS: OTP, OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr)
(Please circle one)

Moved by Rep. _____ Seconded by Rep. _____ AM Vote:

Adoption of Amendment # _____

Moved by Rep. _____ Seconded by Rep. _____ Vote:

_____ Amendment Adopted _____ Amendment Failed

Respectfully submitted,

Rep. 
Subcommittee Chairman/Clerk

Hearing Minutes

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

PUBLIC HEARING ON SB 58-FN

BILL TITLE: relative to reimbursement rates for low-dose mammography coverage.

DATE: April 25, 2019

LOB ROOM: 302 **Time Public Hearing Called to Order:** 10:06am

Time Adjourned: 11:10am

Committee Members: Reps. Butler, Williams, McBeath, Abel, Bartlett, Herbert, Van Houten, Fargo, Indruk, Weston, Muscatel, Hunt, J. Osborne, Barnes, Potucek and Warden

Bill Sponsors:

Sen. Bradley

Sen. Giuda

Sen. Carson

Rep. Knirk

Sen. Watters

Sen. Sherman

Rep. Marsh

Rep. Woods

Sen. Rosenwald

Sen. Gray

Rep. Van Houten

TESTIMONY

***Rep. Constance Van Houten, co-sponsor** - Introduced the bill; see written testimony.

Q: Rep. Ed Butler - Did SB 189 include 3-D?

A: Clarification required to be technically correct.

Q: Rep. Mark Warden - Is "resource cost" in this used elsewhere in legislation?

A: Need to be sure 3-D costs are covered in "resource cost."

Tyler Brannen, NHID - No position. Reimbursement not clearly defined but concerned about term "cost". Would like better terminology.

Q: Rep. Kermit Williams - Does resource cost include equipment? If so should insurance bear that cost?

A: Difficult to answer. What is reasonable?

Q: Rep. Christopher Herbert - Do you have recommended language?

A: Balanced billing language; will forward language to Rep Butler

Q: Rep. Butler - Where does complaint come from?

A: Provider, usually.

Q: Rep. Butler - Is this bill necessary?

A: Yes, providers feel they aren't being paid appropriately.

Q: Rep. Garrett Muscatel - How do you determine "fair" rate?

A: Difficult, perhaps through pre-authorization.

***Michael Padmore, NH Medical Society** - No position. 3D is better technology, can detect earlier, and lead to better care.

Q: Rep. Richard Abel- How is the billing done for mammography?

A: Cannot answer, will follow up

Q: Rep Butler - 3d should be standard process?

A: Yes.

Q: Rep . Herbert - Difference between 2D an 3D costs?

A: Did not know exact difference.

Q: Rep. Williams - Do you need both? 2D and 3D? Together, is it a better solution than either alone?

A: 3D best alterative.

***Paula Minnehan, NH Hospital Assn.** - Support SB58 and source of origination. Standard of care is 3D at all hospitals. One carrier is not paying providers, they are paying 2D and 3D at the same rate. Medicare and Medicaid cover 3D and additional components.

Q: Rep. Bartlett - Are you OK with language that Tyler suggested for PBM definition for balanced billing?

A: Concerned with language and does not want any misinterpretation

Q: Will you work on in sub-committee? Can you work with us to clarify, so language is clear?

A: Yes.

Q: Rep. Abel - Is it universal that there is a charge for 2D plus an additional charge for 3D?

A: Not the problem.

Q: Rep. Williams - Are hospitals able to use equipment for other diagnostics?

A: I believe it's unique to mammography. Will confirm.

Q: Rep. John Hunt - Is charge going to radiologist or hospital for equipment?

A: Charge goes to hospital up to \$50 per component. Radiologist is separate.

Q: Does 3D improve diagnosis?

A: More cancers are found in 3D especially for more dense breast tissue.

Jeb Bradley, prime sponsor - SB189 was to provide better standard of care for women continues to be a question of reimbursement rate. The bill passed the Senate!

***Mr. Brewster, Harvard Pilgrim** - Codes used for fees were not properly turned on for NH; they are the "other" carrier who do not pay for 3D. They are trying to control costs to be sure people can afford care. Concerned about language in the bill causing providers to bury cost of equipment in prices causing costs to increase.

Does not believe 3D is better than 2D and should not be part of routine screening. 2D is the standard of care. High risk, dense tissue etc. 3D should only be used for exception diagnosis. 3D uses higher radiation levels could pose a danger to women. Do not think pre-authorization is the answer, keeps women from getting mammography. Many organizations recommend 2D as standard of care routine. Does not believe legislature should be involved.

Rep. Butler - Bill is for reimbursement for 3D not to determine medical technology choices.

Q: Rep. Hunt Only impacts small insurance market. Does the patient bear the responsibility to pay?

A: No

Q: Rep. Bartlett - If 23k mammograms were done in 2018, how can your opinion be so different as so many others?

A: Harvard Pilgrim response - after research we don't want to stand out but want to do the right thing.

Q: Rep McBeath - NH already decided 3D is the standard of care, how do you decide not to pay as a business person?

A: We use averages to determine reimbursements

Q: Why don't you reimburse the same as others carriers?

A: Trying to be fair on cost.

Q: Rep. Williams - 2D tests are screening and 3D are diagnostic. Should patients do both? Why aren't costs consistent across the state?

A: Costs vary based on negotiations of contractors . Machines can do both 2D and 3D and can generate 2D from 3D for radiologist

Q: Is reimbursement based on contract or actual cost of doing test?

A: Trying to avoid separate costs for 3D and stick to National Guidelines.

Q: Rep. Abel- Would you work on the language in sub committee?

A: Yes.

Paula Rogers, Anthem - Supported SB189 but they believe provider should choose. Anthem envious of Harvard Pilgrim stand. Also believes 2D is standard of care. 3D is not low dose. We should not legislate technology cost reimbursement. "Commercially reasonable" would be more acceptable. Anthem agrees to work on language.

Q: Rep. Williams- Does term "tomosynthesis" mean low dose?

A: SB 189 defines but questionable.

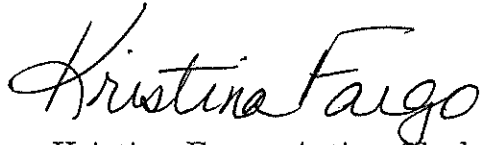
Q: Rep. Osborne - Percentage of 3D and 2D?

A: Paula will provide numbers.

Heidi Kroll, AHIP - Also uncomfortable with language and wants to use language from balanced billing that Tyler recommended. Not at Senate hearing.

Blue Sheet: Pro: 16; Con,3

Respectfully Submitted:

A handwritten signature in black ink that reads "Kristina Fargo". The signature is written in a cursive, flowing style.

Kristina Fargo, Acting Clerk

HOUSE COMMITTEE ON COMMERCE AND CONSUMER AFFAIRS

PUBLIC HEARING ON SB 58-FN

BILL TITLE: relative to reimbursement rates for low-dose mammography coverage.

DATE: April 23, 2019

ROOM: 302

Time Public Hearing Called to Order: 10:06

Time Adjourned: 11:10

(please circle if present)

Committee Members: Reps. Butler, Williams, McBeath, Gidge, Abel, Bartlett, Herbert, Van Houten, Fargo, Indruk, Muscate, Weston, Hunt, Sanborn, J. Osborne, Costable, Plumer, Barnes, Potucek and Warden

Bill Sponsors:

Sen. Bradley
Sen. Giuda
Sen. Carson
Rep. Knirk

Sen. Watters
Sen. Sherman
Rep. Marsh
Rep. Woods

Sen. Rosenwald
Sen. Gray
Rep. Van Houten

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

* Rep Van Houten - introduced bill - written testimony

Tyler Brannen - NHID

* Michael Padmore - NH Medical Society

* Paula Minnehan - NH Hosp Assn.

William Brewster - Harvard Pilgrim

Paula Rogers - Anthem

Neidi Kroll - AHIP

#1 SB 58 - Introduced by Rep Van Houten
written testimony included

Q - Rep Butler - did SB 58 include 3-D?

A. - Clarification required to be technically correct

Q - Rep Warden - "resource cost" is this used elsewhere in legislation?

A. - Needs to be sure 3-D costs are covered in "resource cost".

#2 Tyler Brannen - NHID - no written testimony

- No position on the bill

- Reimbursement not clearly defined but concerned about term "cost".

Would like better terminology

Q Williams - Does resource cost include equipment? If so, should insurance bear that cost?

A. Difficult to answer. What is reasonable

Q Hebert - Do you have recommended language?

A - Balanced billing language

Q - Tyler will forward language to Rep. Butler

Q - Butler - ~~where~~ where does complaint come from

A - Provider, usually

(1)

Q Rep Butler - Is this bill necessary?

A - Yes, providers feel they aren't being paid app

Q - Muskatel - How do you determine "fair" rate

A - Difficult - perhaps pre-authorization

#3 Michael Padmore - Medical Society written testimony

- 3D better technology, can detect earlier, lead to better care

Q Abel - How is the billing done for mammography?

A - Cannot answer, will follow up.

Q Butler - 3D should be standard process

A - Yes

Q - Hebert - Difference between 2D and 3D costs

A

Q - Williams - Do you need both? 2D and 3D? Together is it a better solution than either alone

A - 3D Best Alternative

#4 Paula Minnehan - Support 58

and source of originator
- written testimony

- Standard of care is 3D at all hospitals

- One carrier is not paying providers, paying 3D at the same rate

- Medicare & Medicaid cover 3D and additional component for

Barth - are you OK with language
likes suggested from balanced billing

A - Concerned with language and

do not want any interpretation problems

Q - Will you work on in subcommittee?

A - Yes.
Can you work with us to clarify so language is clear?

Q - Rep Noel - do it universal that change for 3D plus additional change for 3D?

A - Not the problem

Q - Williams - The hospitals able to use equipment for other diagnostics or can

it be

A - I believe it's unique to mammography. Will confirm

Q Hunt - Is charge going to radiologist or hospital for equipment?

~~Q~~ A - Charge goes to hospital up to \$30 component. Radiologist is separate

Q - Does 3D

A - More cancers are found in 3D for more dense breast tissue

5 - Jeb Bradley - Sponsor

SB 189 - was to provide better standard of care for women
- continues to be a question of reimbursement rate
- Passed Senate!

6 Mr. Brewster - Harvard Pilgrim

- Codes used for fees were not properly turned on for NH
- They are the "other" carrier
- Trying to control costs to be sure people can afford care

- concerned about language in the bill causing providers to bury cost of equipment in prices causing costs to increase
- does not believe 3D is better than 2D and should not be part of routine screening. 2D is the standard of care
- high risk, dense tissue, etc. 3D should only be used for exception diagnosis
- 3D uses higher radiation levels, could pose a danger to women
- Do not think pre-authorization is the answer, keeps women from getting mammography
- ~~many~~ ^{many} organizations recommend 2D as standard of care - routine
- does not believe legislature should be involved

Butler - bill is for reimbursement for 3D not to determine medical technology choices

Q Hunt - only impacts small insurance market. Does the patient bear the responsibility to pay?

A - No

Q - Bartlett - If 23K mammograms were done in 2018, how can you estimate so different as many others?

A - Harvard program - after research we don't want to stand out but want to do the right thing.

Q - McBeath - NH already decided 3D is the standard of care, how do you decide not to pay a

A - ~~that~~ use averages to determine reimbursements

Q - ~~that~~ why don't you reimburse as others do?

A - Trying to be fair on cost.

Q Williams - 2D Tests is becoming and 3D is diagnostic, should patients do both? why aren't costs consistent across the state?

A - Costs vary based on negotiations of contractors. Machines can do both 2D and 3D and can generate 2D from 3D for radiologist

Q - Is reimbursement based on contract or actual cost of doing test?

A - Trying to avoid separate costs for 3D and stick to National Guidelines

Q - Abel - Would you work on the language in subcommittee?

A - Yes

#7 Paula Rogers - Anthem

- supported SB189 but they believe providers should choose. Anthem envious of Harvard Pilgrim stand. Also believes 2D is standard of care. 3D is not low-dose. Should not legislate technology costs reimbursement.

"Commercially reasonable"

would be more acceptable.
Anthem agrees to work on
language.

Q Williams - Does term "tomosynthesis"
mean low-dose?

A - SB 189 defines but questionable

Q - Osborne - % of 3D and 2D

A - Paula will provide numbers

8 Neidi Droll - AHIP - also

uncomfortable with language
and wants to use language
from balanced billing that
Tyler recommended

- not at Senate Hearing

Rep McBeath - read Blue Sheet

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # SB 58 Date 4-23-19

Committee Commerce & CA

** Please Print All Information **

Name	Address	Phone	Representing	(check one)	
				Pro	Con
Sen James Gray			SD #6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen Cindy Rosenwald			SD #13	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maureen Ellermann				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lindsay Nadeau - for Cigna				<input type="checkbox"/>	<input checked="" type="checkbox"/>
Elizabeth Corell	Concord		self	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bill Brewster			Harvard Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SUSAN COVERZ	CONTOOCOOK		SELF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Holly Stevens	Concord		New Futures	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SENATOR SHARON CARSON	271-3091		SD # 14	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sen. Tom Sherman			SD 24	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hidi Kroll - AHIP				<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kaya Montgomery PPNHAF			PPNHAF	<input type="checkbox"/>	<input type="checkbox"/>
Courtney Tanner			Dartmouth Hitchcock	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kim Schultz	Concord		med ctr	<input checked="" type="checkbox"/>	<input type="checkbox"/>
house spencer	Concord		self	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sally Hatcher	Concord		self	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUSAN COVERZ	CONTOOCOOK		SELF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deborah Jakubowski	Loudon		Self	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kathy Spielman	Durham		SELF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Faith Sillars	Pittsfield		self	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

St Rep

A
Heidi L. Kroll

Amendment

*Language Agreed to
By Stakeholders*

From: Rogers, Paula T. <Paula.Rogers@anthem.com>
Sent: Monday, May 6, 2019 2:15 PM
To: Heidi L. Kroll

X (e) Provider contracts that include payment for mammography shall include distinct recognition of and payment for *additional* standard coding relating to mammography screening using 3-D tomosynthesis.

Industry

Paula Rogers
Sr. Director, Government Relations
Anthem Blue Cross and Blue Shield
1155 Elm Street
Manchester, NH 03111

P.3/B 5-7-19

603 541 2134
603 848 4354

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4-25-19

1 Low-Dose Mammography Coverage. Amend RSA 417-D:2, II to read as follows:

II. Such benefits shall be at least as favorable as for other radiological examinations and subject to the same dollar limits, deductibles, and co-insurance factors; **provided, however, that providers of low-dose mammography screening shall be reimbursed at rates accurately reflecting the commercially reasonable value ~~resource costs specific to each modality,~~ based on payments for similar services from New Hampshire insurance carriers to New Hampshire health care providers, including any increased cost of payment for breast tomosynthesis.**

2 Effective Date. This act shall take effect 60 days after its passage.

→ Non official Amendment offered by ~~Chair Butler~~
Chair Butler for NHID

Testimony

April 23, 2019
The Honorable Edward Butler, Chair
House Commerce and Consumer Affairs Committee
Legislative Office Building Room 302
Concord, NH 03301

Re: New Futures' support of SB 58

Dear Chairman Butler and Members of the Committee:

New Futures appreciates the opportunity to testify in support of SB 58, which clarifies reimbursement rates for low-dose mammography. New Futures is a nonpartisan, nonprofit organization that advocates, educates and collaborates to improve the health and wellness of all New Hampshire residents. In this role, we work extensively with policy makers, health care providers and families to increase access to quality, affordable health care throughout the Granite State. Insurance coverage for breast tomosynthesis (3-D mammography) is an important step forward in improving outcomes and lowering the cost of health care, particularly for women between the ages of 40 and 64.

There are many benefits that 3-D mammography has over 2-D mammography, which is currently covered under insurance plans. These benefits include:

- Fewer “false-positive” test results and, therefore, fewer callbacks for unnecessary screening and testing.
- Faster detection of cancer, especially invasive cancer, allowing earlier and less expensive intervention with improved outcomes.
- Improved imaging for large and/or dense breast tissue.

Although tomosynthesis is slightly more expensive than 2-D mammography, the cost differential is small, and the savings related to reductions in “false positive” results and earlier detection and treatment far outweigh the increased up-front cost. Additionally, a reduction in “false positives” avoids an emotional toll on patients and their families and the potential of more advanced cancer.

Tomosynthesis is becoming increasingly more widely accepted as the standard of care for detecting breast cancer. The American College of Radiology supports the use of breast tomosynthesis calling it “an advance over digital mammography” and stating that it “will have a positive impact on patient care.” Also, other states have started recognizing the importance of tomosynthesis. Currently, CT, IL and PA mandate digital breast tomosynthesis and NJ law makes individuals eligible for coverage after a baseline mammogram if certain conditions are met. Some insurers have also recognized the value of tomosynthesis and have made the decision to provide coverage. These include Anthem, Cigna, Tufts, and Blue Cross Blue Shield of MA.

It is important to ensure that NH citizens can undergo breast tomosynthesis with no out-of-pocket costs, as is the current practice with 2-D mammography.

For the reasons stated above, New Futures urges the Committee to vote SB 58 Ought to Pass.

Respectfully submitted,



Holly A. Stevens, Esq.
Health Policy Coordinator

SB 58

Current law on mammography coverage:

CHAPTER 417-D WOMEN'S HEALTH CARE

417-D:1 Definitions. –

In this chapter:

- I. "Commissioner" means the insurance commissioner.
- II. "Insurer" means any entity issuing accident or health insurance or accident and health insurance policies, contracts, certificates, or other evidence of coverage pursuant to RSA 415, 415-A, 420-A, or 420-B.
- III. "Low-dose mammography" means the X-ray examination of the breast using equipment dedicated specifically for mammography, including the X-ray tube, filter, compression device, screens, films, and cassettes, with a radiation exposure which is diagnostically valuable and in keeping with the recommended "Average Patient Exposure Guides" as published by the Conference of Radiation Control Program Directors, Inc. *"Low-dose mammography" shall also include 3-D tomosynthesis mammography.*

(language adopted in 2018)

Source. 1988, 267:2. 1997, 190:12, eff. Jan. 1, 1998. *2018, 208:1, eff. Aug. 7, 2018.*

417-D:2 Low-Dose Mammography Coverage. –

I. Each insurer that issues or renews any policy of accident and health insurance providing benefits for hospital expense, medical-surgical expense, or major medical expense shall provide in each group or individual policy, contract, or certificate of insurance issued or renewed for persons who are residents of this state, coverage for screening by low-dose mammography for all women 35 years of age or older for the presence of occult breast cancer within the provisions of the policy, contract, or certificate. The coverage shall be as follows:

- (a) A baseline mammogram for women 35 to 39 years of age.
- (b) A mammogram every 1 to 2 years, even if no symptoms are present, for women 40 to 49 years of age.
- (c) An annual mammogram for women 50 years of age or older.

II. Such benefits shall be at least as favorable as for other radiological examinations and subject to the same dollar limits, deductibles, and co-insurance factors.

Source. 1988, 267:2. 1996, 75:3, eff. Jan. 1, 1997.



QUALITY IS OUR IMAGE

acr.org

January 28, 2019

Dear Chairman Cavanaugh and members of the Committee,

The American College of Radiology appreciates the opportunity to provide testimony for coverage of digital breast tomosynthesis (DBT). Coverage is already provided for full-field digital mammography (FFDM), based on its ability to improve interpretive performance compared with standard film-screen mammography.¹ The evidence described and cited below documents that DBT shows an even greater improvement in cancer detection than that found for FFDM, with the additional benefit of reducing the frequency of false-positive examinations.

Conventional mammography (either film-screen or FFDM) produces planar images, in which overlapping tissue can result both in unnecessary recalls from screening mammograms (false positive studies) and in missed cancers (false negative studies). Approximately 10%-20% of the cases in which a woman must be recalled from screening mammography are due to superimposed normal tissue simulating a lesion.² This additional imaging causes patient anxiety, inconvenience, and increased cost. In addition, overlying tissue can obscure cancers, with as many as 20%-30% of cancers being missed by conventional planar mammography^{3,4}.

The latest advancement in mammography – digital breast tomosynthesis (DBT) – helps address the problem of overlapping tissues in planar FFDM and reduces interpretation inaccuracy. DBT is a mammography-based system that acquires low-dose images of the breast at multiple angles during a short scan time. The individual images are then reconstructed into a series of thin, high-resolution slices. This provides a clearer depiction of the internal architecture of the breast, making underlying breast cancers more easily perceptible and facilitating confirmation that superimposed normal glandular tissue does not represent an abnormality. Conventional, planar mammographic images are still necessary to demonstrate the anatomic distribution of findings and to characterize calcifications. Furthermore, DBT cannot produce magnification images, still useful for some mammographically-detected lesions in determining which do and do not require biopsy.

DBT was approved by the U.S. Food & Drug Administration (FDA) on February 11, 2011 for the same indications as planar FFDM. This includes breast cancer screening, diagnosis, and intervention. On August 26, 2014, a second vendor received FDA approval for DBT. Other vendors are expected to apply for approval. Since receiving FDA approval, there have been numerous published studies demonstrating the clinical benefits of DBT. These studies consistently report substantial decreases in the recall rate from screening (reduced false positives) and substantial increases in the cancer detection rate (increased true positives).

The first prospective screening trial to compare DBT to planar FFDM was published by Skaane et al⁵. Researchers compared FFDM+DBT to FFDM alone, in **12,631 screening examinations**. Skaane's study demonstrated increased sensitivity in the detection of breast cancer without compromising specificity or increasing the rate of false positive results. In an interim analysis, they found that the addition of DBT resulted in a:

- **40% statistically significant increase in the detection of invasive breast cancers.**
- **27% statistically significant increase in the detection of all cancers (invasive and in situ cancers combined)**
- **15% statistically significant decrease in false-positive rates.**

¹ Pisano, ED et al. Diagnostic Performance of Digital versus Film Mammography for Breast-Cancer Screening. N Engl J Med 2005 353: 1773-1783.

² Rosenberg RD, Yankaskas BC, Abraham LA, Sickles EA, Lehman CD, Geller BM, Carney PA, Kerlikowske K, Buist DS, Weaver DL, Barlow WE, Ballard-Barbash R. Performance benchmarks for screening mammography. Radiology. 2006 Oct;241(1):55-66. Erratum in: Radiology. 2014 May;271(2):620.

³ Schell MJ et al. Evidence-based target recall rates for screening mammography. Radiology, June 2007; 243: 681-689.

⁴ Holland R, Mravunac M, Hendriks JH, Bekker BV. So-called interval cancers of the breast: pathologic and radiologic analysis of sixty-four cases. Cancer 1982;49(12):2527-2533.

⁵ Skaane P, Bandos AI, Gullien R, et al. Comparison of Digital Mammography Alone and Digital Mammography Plus Tomosynthesis in a Population-based Screening Program. Radiology 2013, Apr; 267(1): 47-56.

The Screening with Tomosynthesis Or Routine Mammography (STORM) trial⁶ was a prospective comparative study of 7292 women from two institutions. The cancer detection rate was 51% higher for FFDM+DBT than FFDM alone, while FFDM+DBT was also associated with a 17% statistically significant reduction in false positive recalls.

Haas et al.,⁷ in a study of 6100 women receiving FFDM+DBT, reported a 30% statistically significant reduction in recall rate with DBT screening. Rose et al.,⁸ in a study of 9499 women receiving FFDM+DBT, reported a 53% increase in the detection of invasive cancers and a statistically significant increase in the positive predictive value for screening recalls (PPV₁) with FFDM+DBT compared to FFDM alone.

The largest study to date, by Friedewald et al, was published in 2014 in the Journal of the American Medical Association.⁹ This multi-center trial compared 281,187 conventional mammograms to 173,663 DBT exams. The study reported the following findings:

- A 41% statistically significant increase in the detection of invasive breast cancers.
- A 29% statistically significant increase in the detection of all breast cancers.
- A 15% statistically significant decrease in women recalled for additional imaging.
- A 49% statistically significant increase in positive predictive value for recall (PPV₁).
- A 21% statistically significant increase in positive predictive value for biopsy (PPV₃).

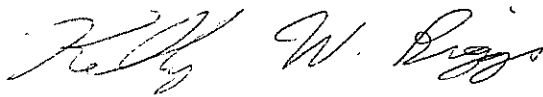
Given the above information, CMS decided to add additional reimbursement for Medicare patients receiving DBT, beginning in January of 2015.

In conclusion, the American College of Radiology affirms that:

- DBT addresses a primary limitation of planar FFDM in the detection of breast cancer.
- DBT is not investigational. The term investigational implies that studies have not been performed demonstrating improved performance compared with FFDM. Numerous large-scale studies of DBT already have demonstrated this benefit.
- Demonstrated benefits of DBT, compared to FFDM alone, include significant increase in detection of invasive breast cancer and significant reduction in unnecessary recall from screening mammography. Additional benefits include decreased patient anxiety and inconvenience.
- DBT leads to improved detection of early breast cancer. Smaller cancers require fewer and/or less invasive surgical procedures, less frequent and less toxic chemotherapy, and more frequent use of breast preservation surgery, all of which can result in improved patient outcomes.

Therefore, the American College of Radiology recommends coverage of digital breast tomosynthesis as a medically necessary screening and diagnostic mammography service. Thank you for your consideration and please feel free to contact us if you have any questions or require any additional information.

Respectfully,



Kelly W. Biggs, MD
Chair, Government Relations Committee of ACR's Breast Imaging Commission

⁶ Ciatto S, Houssami N, Bernardi D, Caumo F, Pellegrini M, Brunelli S, Tuttobene P, Bricolo P, Fantò C, Valentini M, Montemezzi S, Macaskill P. Integration of 3D digital mammography with tomosynthesis for population breast-cancer screening (STORM): a prospective comparison study. *Lancet Oncol.* 2013 Jun;14(7):583-9.

⁷ Haas BM, Kaira V, Geisel J, Raghy M, Durand M, Philpotts LE. Comparison of tomosynthesis plus digital mammography and digital mammography alone for breast cancer screening. *Radiology* 2013; 269:694-700

⁸ Rose SL, Tidwell AL, Bujnoch LJ, Kushwaha AC, Nordmann AS, Sexton R. Implementation of breast tomosynthesis in a routine screening practice: an observational study. *AJR* 2013; 200:1401-1408

⁹ Friedewald S M, Rafferty E A, Rose S L, Durand M A, Plecha D M, Greenberg J S, Hayes M K, Copit D S, Carlson K L, Cink T M, Barke L D, Greer L N, Miller D P, Conant E F Breast Cancer Screening Using Tomosynthesis in Combination with Digital Mammography, *JAMA.* 2014;311(24):2499-2507

SB 58-FN
April 23, 2019

Good morning, Commerce colleagues,

For the record, I am Representative Connie Van Houten. I serve Hillsborough District 45, which is Manchester's west side, wards 10, 11, and 12.

Standing in for Senator Bradley, the prime sponsor, I am introducing Senate Bill 58-FN, a bill relative to reimbursement rates for low-dose mammography coverage.

The bill's intent is to clarify insurance reimbursement rates for low-dose mammography by making the law more explicit.

As some of you may recall, House Bill 189 came through this committee last session and was passed into law. With this bill's passage, insurance policies became subject to a requirement to cover 3-D mammography.

However, in practice, it seems that there is some inconsistent interpretation regarding reimbursement for 3-D technology.

3-D mammography, in current law, is included in the definition of "low-dose mammography," which is referenced in SB 58.

It is the intent of SB 58 to ensure that providers of low-dose mammography, including 3-D mammography, shall be reimbursed at rates that accurately reflect their resource costs.

HOUSE COMMERCE AND CONSUMER AFFAIRS COMMITTEE

April 23, 2019

SB 58 - Relative to Reimbursement Rates for Low-dose Mammography

Testimony

Good morning, Mr. Chairman and members of the committee. My name is Paula Minnehan, Senior VP, State Government Relations with the New Hampshire Hospital Association (NHHA), representing all 26 of the state's community hospitals as well as all of our specialty hospitals.

The New Hampshire Hospital Association supports SB 58 and we want to thank the sponsor for filing this legislation.

SB 189 was passed last year which clarified that: "***Low-dose mammography***" shall also include ***3-D tomosynthesis mammography***.

Unfortunately, the interpretation of the state law has not been consistent across all carriers. The providers continue to encounter resistance from some health insurance companies to reimburse at ***rates that accurately reflecting the resource costs specific to each modality, including any increased cost of breast tomosynthesis***. Consequently, we determined that SB 58 was needed to ensure that the intent of the law is being consistently followed by all carriers.

It is NHHA's position that utilizing the 3-D technology is saving the health care system money because the technology is much more effective in identifying cancers and reducing false positives. A false positive mammogram could result in a tremendous amount of anxiety for the patient and her family. The protocol followed when a false positive result is identified could result in repeat mammograms, ultrasounds, breast biopsies, breast MRIs and a lumpectomy; all conducted to rule out or determine the extent of the potential cancer. These costs are significant and completely avoidable.

NHHA strongly supports SB 58 and urges the committee to pass the bill.

Thank you for the opportunity to share our comments. I am happy to answer any questions you may have.

Fiscal Note

SB 58-FN- FISCAL NOTE
AS INTRODUCED

AN ACT relative to reimbursement rates for low-dose mammography coverage.

FISCAL IMPACT: State County Local None

STATE:	Estimated Increase / (Decrease)			
	FY 2020	FY 2021	FY 2022	FY 2023
Appropriation	\$0	\$0	\$0	\$0
Revenue	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
Expenditures	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase
Funding Source:	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Education	<input type="checkbox"/> Highway	<input type="checkbox"/> Other

COUNTY:

Revenue	\$0	\$0	\$0	\$0
Expenditures	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase

LOCAL:

Revenue	\$0	\$0	\$0	\$0
Expenditures	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase	Indeterminable Increase

METHODOLOGY:

This bill clarifies the reimbursement rates for low-dose mammography. The Insurance Department indicates the bill requires reimbursements for low-dose mammography benefits accurately reflect the resource costs specific to each modality, including any increased cost of breast tomosynthesis. The Department assumes the bill would result in inflationary pressures on the rates for such coverage. This may lead to increased claims costs and increased premium rates for employers including state, county and local government. An increase in premiums would lead to an increase in the premium tax revenue collected by the state. However, employers may look for options to absorbing a premium increase such as purchasing less coverage. The Department assumes the additional regulatory responsibility could be handled with existing resources.

The Department of Health and Human Services administers the Medicaid program. The Medicaid program provides coverage for low dose mammography, having recently approved procedure codes for this service. The Department has not yet established rates which are a

percentage of established Medicare rates. The Department assumes the intent of this bill is to increase the reimbursement rates for these services, which may result in an indeterminate increase in Medicaid expenditures.

AGENCIES CONTACTED:

Insurance Department and Department of Health and Human Services

Bill as Introduced

SB 58-FN - AS INTRODUCED

2019 SESSION

19-0826
01/06

SENATE BILL **58-FN**

AN ACT relative to reimbursement rates for low-dose mammography coverage.

SPONSORS: Sen. Bradley, Dist 3; Sen. Watters, Dist 4; Sen. Rosenwald, Dist 13; Sen. Giuda, Dist 2; Sen. Sherman, Dist 24; Sen. Gray, Dist 6; Sen. Carson, Dist 14; Rep. Marsh, Carr. 8; Rep. Van Houten, Hills. 45; Rep. Knirk, Carr. 3; Rep. Woods, Merr. 23

COMMITTEE: Commerce

ANALYSIS

This bill clarifies the reimbursement rates for low-dose mammography.

Explanation: Matter added to current law appears in *bold italics*.
 Matter removed from current law appears [~~in brackets and struckthrough.~~]
 Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Nineteen

AN ACT relative to reimbursement rates for low-dose mammography coverage.

Be it Enacted by the Senate and House of Representatives in General Court convened:

- 1 1 Low-Dose Mammography Coverage. Amend RSA 417-D:2, II to read as follows:
- 2 II. Such benefits shall be at least as favorable as for other radiological examinations and
- 3 subject to the same dollar limits, deductibles, and co-insurance factors; *provided, however, that*
- 4 *providers of low-dose mammography screening shall be reimbursed at rates accurately*
- 5 *reflecting the resource costs specific to each modality, including any increased cost of*
- 6 *breast tomosynthesis.*
- 7 2 Effective Date. This act shall take effect 60 days after its passage.