

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 433 Session of
2025

INTRODUCED BY CURRY, PIELLI, DONAHUE, FREEMAN, CERRATO, HILL-
EVANS, SANCHEZ, GUENST, GIRAL, GALLAGHER, PROBST, KHAN,
MADDEN, WAXMAN, STEELE, OTTEN, KENYATTA, D. WILLIAMS, MAYES,
KINKEAD, HOHENSTEIN, O'MARA, DEASY, BOYD, BOROWSKI, FIEDLER,
PARKER, SHUSTERMAN, GREEN, NEILSON, RIVERA, CEPEDA-FREYTIZ,
D. MILLER, HANBIDGE, HOWARD, CIRESI, MEHAFFIE, SCHWEYER,
SCHLOSSBERG, MATZIE, SCOTT, CONKLIN AND K.HARRIS,
JANUARY 31, 2025

AS REPORTED FROM COMMITTEE ON INSURANCE, HOUSE OF
REPRESENTATIVES, AS AMENDED, APRIL 8, 2025

AN ACT

1 Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An
2 act relating to insurance; amending, revising, and
3 consolidating the law providing for the incorporation of
4 insurance companies, and the regulation, supervision, and
5 protection of home and foreign insurance companies, Lloyds
6 associations, reciprocal and inter-insurance exchanges, and
7 fire insurance rating bureaus, and the regulation and
8 supervision of insurance carried by such companies,
9 associations, and exchanges, including insurance carried by
10 the State Workmen's Insurance Fund; providing penalties; and
11 repealing existing laws," in casualty insurance, further
12 providing for coverage for mammographic examinations and
13 breast imaging.

14 The General Assembly of the Commonwealth of Pennsylvania
15 hereby enacts as follows:

16 ~~Section 1. Section 632(b) and (d) of the act of May 17, 1921 <--~~
17 ~~(P.L.682, No.284), known as The Insurance Company Law of 1921,~~
18 ~~are amended to read:~~

19 ~~Section 632. Coverage for Mammographic Examinations and~~
20 ~~Breast Imaging. * * *~~

SECTION 1. SECTION 632 OF THE ACT OF MAY 17, 1921 (P.L.682, <--
NO.284), KNOWN AS THE INSURANCE COMPANY LAW OF 1921, IS AMENDED
TO READ:

SECTION 632. COVERAGE FOR MAMMOGRAPHIC EXAMINATIONS AND
BREAST IMAGING.--[(A) ALL GROUP OR INDIVIDUAL HEALTH OR
SICKNESS OR ACCIDENT INSURANCE POLICIES PROVIDING HOSPITAL OR
MEDICAL/SURGICAL COVERAGE AND ALL GROUP OR INDIVIDUAL SUBSCRIBER
CONTRACTS OR CERTIFICATES ISSUED BY ANY ENTITY SUBJECT TO 40
PA.C.S. CH. 61 (RELATING TO HOSPITAL PLAN CORPORATIONS) OR 63
(RELATING TO PROFESSIONAL HEALTH SERVICES PLAN CORPORATIONS),
THIS ACT, THE ACT OF DECEMBER 29, 1972 (P.L.1701, NO.364), KNOWN
AS THE "HEALTH MAINTENANCE ORGANIZATION ACT," THE ACT OF JULY
29, 1977 (P.L.105, NO.38), KNOWN AS THE "FRATERNAL BENEFIT
SOCIETY CODE," OR AN EMPLOYEE WELFARE BENEFIT PLAN AS DEFINED IN
SECTION 3 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974
(PUBLIC LAW 93-406, 29 U.S.C. § 1001 ET SEQ.) PROVIDING HOSPITAL
OR MEDICAL/SURGICAL COVERAGE SHALL ALSO] A HEALTH INSURANCE
POLICY OFFERED, ISSUED OR RENEWED IN THIS COMMONWEALTH SHALL
PROVIDE COVERAGE FOR MAMMOGRAPHIC EXAMINATIONS. THE MINIMUM
COVERAGE REQUIRED SHALL INCLUDE ALL COSTS ASSOCIATED WITH A
MAMMOGRAM EVERY YEAR FOR [WOMEN] INDIVIDUALS 40 YEARS OF AGE OR
OLDER, WITH ANY MAMMOGRAM BASED ON A PHYSICIAN'S RECOMMENDATION
FOR [WOMEN] INDIVIDUALS UNDER 40 YEARS OF AGE. PRIOR TO PAYMENT
FOR A SCREENING MAMMOGRAM, INSURERS SHALL VERIFY THAT THE
SCREENING MAMMOGRAPHY SERVICE PROVIDER IS PROPERLY LICENSED BY
THE DEPARTMENT IN ACCORDANCE WITH THE ACT OF JULY 9, 1992
(P.L.449, NO.93), KNOWN AS THE "MAMMOGRAPHY QUALITY ASSURANCE
ACT." NOTHING IN THIS SECTION SHALL BE CONSTRUED TO REQUIRE AN
INSURER TO COVER THE SURGICAL PROCEDURE KNOWN AS MASTECTOMY OR
TO PREVENT APPLICATION OF DEDUCTIBLE OR COPAYMENT PROVISIONS

1 CONTAINED IN THE POLICY OR PLAN EXCEPT AS PREEMPTED BY FEDERAL
2 LAW.

3 (b) [A group or individual health or sickness or accident <--
4 insurance policy providing hospital or medical/surgical coverage
5 and a group or individual subscriber contract or certificate
6 issued by any entity subject to Article XXIV, 40 Pa.C.S. Ch. 61
7 or 63, this act, the {"Health Maintenance Organization Act," <--
8 the "Fraternal Benefit Society Code"} ~~"Health Maintenance~~ <--
9 ~~Organization Act"~~ or an employee welfare benefit plan as defined
10 in section 3 of the Employee Retirement Income Security Act of
11 1974 providing hospital or medical/surgical coverage] A HEALTH <--
12 INSURANCE POLICY OFFERED, ISSUED OR RENEWED IN THIS COMMONWEALTH
13 shall also provide coverage for breast imaging. The minimum
14 coverage required shall include all costs associated with [one]
15 diagnostic breast examinations that are used to evaluate a seen
16 or suspected abnormality from a screening examination for breast
17 cancer or used to evaluate an abnormality detected by another
18 means of examination. The minimum coverage REQUIRED shall also <--
19 include all costs associated with supplemental breast [screening
20 every year] screenings because the [woman] ~~person~~ INDIVIDUAL is <--
21 believed to be at an increased risk of breast cancer due to:

- 22 (1) personal history of atypical breast histologies;
23 (2) personal history or family history of breast cancer;
24 (3) genetic predisposition for breast cancer;
25 (4) prior therapeutic thoracic radiation therapy;
26 (5) heterogeneously dense breast tissue based on breast
27 composition categories with any one of the following risk
28 factors:

- 29 (i) lifetime risk of breast cancer of greater than 20%,
30 according to risk assessment tools based on family history;

(ii) personal history of BRCA1 or BRCA2 gene mutations;
(iii) first-degree relative with a BRCA1 or BRCA2 gene mutation but not having had genetic testing herself;
(iv) prior therapeutic thoracic radiation therapy between 10 and 30 years of age; or
(v) personal history of Li-Fraumeni syndrome, Cowden syndrome or Bannayan-Riley-Ruvalcaba syndrome or a first-degree relative with one of these syndromes; or
(6) extremely dense breast tissue based on breast composition categories.

Nothing in this subsection shall be construed as to preclude utilization review as provided under Article XXI of this act or to prevent the application of deductible, copayment or coinsurance provisions contained in the policy or plan for breast imaging in excess of the minimum coverage required.

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~~(d) As used in this section:~~

[(C) THIS SECTION SHALL NOT APPLY TO THE FOLLOWING TYPES OF POLICIES:

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- (1) ACCIDENT ONLY.
- (2) LIMITED BENEFIT.
- (3) CREDIT.
- (4) DENTAL.
- (5) VISION.
- (6) SPECIFIED DISEASE.
- (7) MEDICARE SUPPLEMENT.
- (8) CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE UNIFORMED SERVICES (CHAMPUS) SUPPLEMENT.
- (9) LONG-TERM CARE OR DISABILITY INCOME.
- (10) WORKERS' COMPENSATION.

1 (11) AUTOMOBILE MEDICAL PAYMENT.

2 (12) FIXED INDEMNITY.

3 (13) HOSPITAL INDEMNITY.]

4 (D) (1) EXCEPT AS PROVIDED IN PARAGRAPH (2), THE TERMS IN
5 THIS SECTION SHALL BE GIVEN THE SAME MEANING AS IN SECTION 2102
6 OF THIS ACT.

7 (2) AS USED IN THIS SECTION[:] THE FOLLOWING WORDS AND
8 PHRASES SHALL HAVE THE MEANINGS GIVEN TO THEM IN THIS PARAGRAPH
9 UNLESS THE CONTEXT CLEARLY INDICATES OTHERWISE:

10 "ALL COSTS" MEANS ALL DEDUCTIBLES, COINSURANCE, COPAYMENTS OR
11 SIMILAR OUT-OF-POCKET EXPENSES PAID OUT-OF-POCKET BY THE
12 INDIVIDUAL RECEIVING A SERVICE.

13 "Diagnostic breast examination" means a medically necessary
14 and clinically appropriate examination of the breast using
15 diagnostic mammography, EITHER STANDARD OR ABBREVIATED breast <--
16 magnetic resonance imaging or breast ultrasound when there is an
17 abnormality seen or suspected.

18 "Supplemental breast screening" means a medically necessary
19 and clinically appropriate examination of the breast using
20 either standard or abbreviated magnetic resonance imaging or, if
21 such imaging is not possible, ultrasound if recommended by the
22 treating physician to screen for breast cancer when there is no
23 abnormality seen or suspected in the breast.

24 SECTION 2. THE AMENDMENT OF SECTION 632 OF THE ACT SHALL <--
25 APPLY AS FOLLOWS:

26 (1) FOR HEALTH INSURANCE POLICIES FOR WHICH EITHER RATES
27 OR FORMS ARE REQUIRED TO BE FILED WITH THE FEDERAL GOVERNMENT
28 OR THE INSURANCE DEPARTMENT, THE AMENDMENT OF SECTION 632 OF
29 THE ACT SHALL APPLY TO ANY POLICY FOR WHICH A FORM OR RATE IS
30 FIRST FILED ON OR AFTER THE EFFECTIVE DATE OF THIS SECTION.

1 (2) FOR HEALTH INSURANCE POLICIES FOR WHICH NEITHER
2 RATES NOR FORMS ARE REQUIRED TO BE FILED WITH THE FEDERAL
3 GOVERNMENT OR THE INSURANCE DEPARTMENT, THE AMENDMENT OF
4 SECTION 632 OF THE ACT SHALL APPLY TO ANY POLICY ISSUED OR
5 RENEWED ON OR AFTER 180 DAYS AFTER THE EFFECTIVE DATE OF THIS
6 SECTION.

7 Section ~~2~~ 3. This act shall take effect in 60 days.

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