

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. \* \* \*~~

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

4 SECTION 632. COVERAGE FOR MAMMOGRAPHIC EXAMINATIONS AND  
5 BREAST IMAGING.-- [(A) ALL GROUP OR INDIVIDUAL HEALTH OR  
6 SICKNESS OR ACCIDENT INSURANCE POLICIES PROVIDING HOSPITAL OR  
7 MEDICAL/SURGICAL COVERAGE AND ALL GROUP OR INDIVIDUAL SUBSCRIBER  
8 CONTRACTS OR CERTIFICATES ISSUED BY ANY ENTITY SUBJECT TO 40  
9 PA.C.S. CH. 61 (RELATING TO HOSPITAL PLAN CORPORATIONS) OR 63  
10 (RELATING TO PROFESSIONAL HEALTH SERVICES PLAN CORPORATIONS),  
11 THIS ACT, THE ACT OF DECEMBER 29, 1972 (P.L.1701, NO.364), KNOWN  
12 AS THE "HEALTH MAINTENANCE ORGANIZATION ACT," THE ACT OF JULY  
13 29, 1977 (P.L.105, NO.38), KNOWN AS THE "FRATERNAL BENEFIT  
14 SOCIETY CODE," OR AN EMPLOYEE WELFARE BENEFIT PLAN AS DEFINED IN  
15 SECTION 3 OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974  
16 (PUBLIC LAW 93-406, 29 U.S.C. § 1001 ET SEQ.) PROVIDING HOSPITAL  
17 OR MEDICAL/SURGICAL COVERAGE SHALL ALSO] A HEALTH INSURANCE  
18 POLICY OFFERED, ISSUED OR RENEWED IN THIS COMMONWEALTH SHALL  
19 PROVIDE COVERAGE FOR MAMMOGRAPHIC EXAMINATIONS. THE MINIMUM  
20 COVERAGE REQUIRED SHALL INCLUDE ALL COSTS ASSOCIATED WITH A  
21 MAMMOGRAM EVERY YEAR FOR [WOMEN] INDIVIDUALS 40 YEARS OF AGE OR  
22 OLDER, WITH ANY MAMMOGRAM BASED ON A PHYSICIAN'S RECOMMENDATION  
23 FOR [WOMEN] INDIVIDUALS UNDER 40 YEARS OF AGE. PRIOR TO PAYMENT  
24 FOR A SCREENING MAMMOGRAM, INSURERS SHALL VERIFY THAT THE  
25 SCREENING MAMMOGRAPHY SERVICE PROVIDER IS PROPERLY LICENSED BY  
26 THE DEPARTMENT IN ACCORDANCE WITH THE ACT OF JULY 9, 1992  
27 (P.L.449, NO.93), KNOWN AS THE "MAMMOGRAPHY QUALITY ASSURANCE  
28 ACT." NOTHING IN THIS SECTION SHALL BE CONSTRUED TO REQUIRE AN  
29 INSURER TO COVER THE SURGICAL PROCEDURE KNOWN AS MASTECTOMY OR  
30 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 employe 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;

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

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

16 \* \* \*

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

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

<--

20 (1) ACCIDENT ONLY.

21 (2) LIMITED BENEFIT.

22 (3) CREDIT.

23 (4) DENTAL.

24 (5) VISION.

25 (6) SPECIFIED DISEASE.

26 (7) MEDICARE SUPPLEMENT.

27 (8) CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE UNIFORMED  
28 SERVICES (CHAMPUS) SUPPLEMENT.

29 (9) LONG-TERM CARE OR DISABILITY INCOME.

30 (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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