It is enacted by the General Assembly as follows:

SECTION 1. Section 23-12.7-3 of the General Laws in Chapter 23-12.7 entitled “The Breast Cancer Act” is hereby amended to read as follows:

23-12.7-3. Program established.

(a) Through funding from the Rhode Island Cancer Council, the Rhode Island department of health is required to establish a program of free mammography and digital breast tomosynthesis (dbt) screening according to American Cancer Society standards, and, where required, follow-up, diagnostic testing, and case management for women in the state who are uninsured or underinsured.

(b) The screening program shall:

(1) Secure radiology facilities to participate in the screening program;

(2) Pay for screening mammograms and digital breast tomosynthesis (dbt) screenings;

(3) Ensure that screening results are sent directly to the patient in a timely manner;

(4) Provide diagnostic tests as required to diagnose breast cancer;

(5) Provide case management facilitating appropriate contact to breast surgeons, medical oncologists, and radiation oncologists; and

(6) Provide follow-up support to women who are found to have breast cancer as a result of this screening program.

(c) The director of the Rhode Island department of health is required to provide a quarterly report to the general assembly on the program of free mammography screening, follow
up diagnostic testing and case management, and public education. An advisory committee
concerned with advocacy, outreach, and public education shall meet on a quarterly basis and
report to the director.

SECTION 2. Section 23-12.9-2 of the General Laws in Chapter 23-12.9 entitled "Dense
Breast Notification and Education" is hereby amended to read as follows:


The department of health, through the Rhode Island Cancer Council, is authorized and
mandated to implement the following public health policy goals as they relate to dense breast
notification in Rhode Island. Commencing on October 1, 2014, all health care facilities that
perform mammography examinations and digital breast tomosynthesis (dbt) screenings shall
include in the summary of the mammography report to be provided to a patient, information that
identifies the patient's individual Breast Tissue Classification based on the Breast Imaging
Reporting and Data System established by the American College of Radiology. If the facility
determines that a patient has heterogeneously or extremely dense breasts, the summary of the
mammography report shall also include the following notice:

"Your mammogram indicates that you have dense breast tissue. Dense breast tissue is
relatively common and is found in about forty percent (40%) of women. The presence of dense
tissue can make it more difficult to detect cancers in the breast by mammography because it can
hide small abnormalities and may be associated with an increased risk. Hence, you may benefit
from supplementary screening tests, which may include a breast ultrasound screening, or a breast
MRI examination, or both, depending on your individual risk factors.

We are providing this information to raise your awareness of this important factor and to
encourage you to discuss your dense breast tissue, as well as other breast cancer risk factors, with
your health care provider. Together, you can decide which screening options are right for you.
A report of your results was sent to your physician. You should contact your physician if
you have any questions or concerns about this report."

SECTION 3. Section 23-17-32 of the General Laws in Chapter 23-17 entitled "Licensing
of Health-Care Facilities" is hereby amended to read as follows:

23-17-32. Mammograms -- Quality assurance standards. Mammograms and digital
breast tomosynthesis (dbt) -- Quality assurance standards.

Any licensed health care facility performing a mammogram shall meet state-approved
quality assurance standards for taking and processing mammograms and digital breast
tomosynthesis (dbt) screenings. The director of health shall have the authority to promulgate rules
and regulations necessary to carry out the provisions of this section.
SECTION 4. Section 27-18-41 of the General Laws in Chapter 27-18 entitled "Accident and Sickness Insurance Policies" is hereby amended to read as follows:


(a)(1) Every individual or group hospital or medical expense insurance policy or individual or group hospital or medical services plan contract delivered, issued for delivery, or renewed in this state shall provide coverage for mammograms, and digital breast tomosynthesis (dbt) screenings, and pap smears, in accordance with guidelines established by the American Cancer Society.

(2) Notwithstanding the provisions of this chapter, every individual or group hospital or medical insurance policy or individual or group hospital or medical services plan contract delivered, issued for delivery, or renewed in this state shall pay for two (2) screening mammograms per year when recommended by a physician for women who have been treated for breast cancer within the last five (5) years or are at high risk of developing breast cancer due to genetic predisposition (BRCA gene mutation or multiple first degree relatives) or high risk lesion on prior biopsy (lobular carcinoma in situ) or atypical ductal hyperplasia.

(b) This section shall not apply to insurance coverage providing benefits for: (1) hospital confinement indemnity; (2) disability income; (3) accident only; (4) long term care; (5) Medicare supplement; (6) limited benefit health; (7) specified disease indemnity; (8) sickness or bodily injury or death by accident or both; and (9) other limited benefit policies.

SECTION 5. Section 27-19-20 of the General Laws in Chapter 27-19 entitled "Nonprofit Hospital Service Corporations" is hereby amended to read as follows:


(a) Subscribers to any nonprofit hospital service plan shall be afforded coverage under the plan for mammograms, and digital breast tomosynthesis (dbt) screenings, and pap smears, in accordance with guidelines established by the American Cancer Society.

(b) Notwithstanding the provisions of this chapter, subscribers to any nonprofit hospital service plan shall be afforded coverage for two (2) screening mammograms per year when recommended by a physician for women who have been treated for breast cancer within the last five (5) years or who are at high risk of developing breast cancer due to genetic predisposition (BRCA gene mutation or multiple first degree relatives) or high risk lesion on prior biopsy (lobular carcinoma in situ) or atypical ductal hyperplasia.

SECTION 6. Section 27-20-17 of the General Laws in Chapter 27-20 entitled "Nonprofit
Medical Service Corporations” is hereby amended to read as follows:

27-20-17. **Mammograms and pap smears** -- Coverage mandated. **Mammograms, digital breast tomosynthesis (dbt) and pap smears** -- Coverage mandated.

(a) Subscribers to any nonprofit medical service plan shall be afforded coverage under the plan for mammograms, and digital breast tomosynthesis (dbt) screenings, and pap smears, in accordance with guidelines established by the American Cancer Society.

(b) Notwithstanding the provisions of this chapter, subscribers to any nonprofit medical service plan shall be afforded coverage for two (2) paid screening mammograms per year when recommended by a physician for women who have been treated for breast cancer within the last five (5) years or who are at high risk of developing breast cancer due to genetic predisposition (BRCA gene mutation or multiple first degree relatives) or high risk lesion on prior biopsy (lobular carcinoma in situ) or atypical ductal hyperplasia.

SECTION 7. Section 27-41-30 of the General Laws in Chapter 27-41 entitled “Health Maintenance Organizations” is hereby amended to read as follows:

27-41-30. **Mammograms and pap smears** -- Coverage mandated. **Mammograms, digital breast tomosynthesis (dbt) and pap smears** -- Coverage mandated.

(a) Subscribers to any health maintenance organization plan shall be afforded coverage under that plan for mammograms, and digital breast tomosynthesis (dbt) screenings, and pap smears, in accordance with guidelines established by the American Cancer Society.

(b) Notwithstanding the provisions of this chapter, subscribers to any health maintenance organization plan shall be afforded coverage for two (2) paid screening mammograms per year when recommended by a physician for women who have been treated for breast cancer within the last five (5) years or who are at high risk of developing breast cancer due to genetic predisposition (BRCA gene mutation or multiple first degree relatives) or high risk lesion on prior biopsy (lobular carcinoma in situ) or atypical ductal hyperplasia.

SECTION 8. Section 42-62-26 of the General Laws in Chapter 42-62 entitled “Catastrophic Health Insurance Plan Act” is hereby amended to read as follows:

42-62-26. **Mammograms and pap smears** -- Coverage mandated. **Mammograms, digital breast tomosynthesis (dbt) and pap smears** -- Coverage mandated.

Any insurer, as defined in this chapter, shall afford health insurance coverage for mammograms, and digital breast tomosynthesis (dbt) screenings, and Pap smears, in accordance with guidelines established by the American Cancer Society.
SECTION 9. This act shall take effect upon passage.
This act would amend the current law so that digital breast tomosynthesis (dbt) screenings are available wherever mammograms are conducted and to provide insurance coverage for such screenings.

This act would take effect upon passage.