

# An Act

ENROLLED HOUSE  
BILL NO. 3504

By: Provenzano, Bush, Miller,  
Ranson, Waldron, Manger,  
Luttrell, Baker, Fugate,  
Munson, Blancett, West  
(Tammy), Roe, Virgin,  
Dills, Townley, Roberts  
(Sean), Nollan, Bell,  
Crosswhite Hader, Pittman,  
Brewer, Stark, Hasenbeck,  
Goodwin, Conley, McEntire,  
Culver, Lawson, Lowe  
(Dick), Patzkowsky,  
Bashore, and Sneed of the  
House

and

Stanley, Taylor, Garvin,  
Pederson, Kirt, Floyd,  
Hicks, Kidd, Daniels,  
Boren, David, and Dossett  
(J.A.) of the Senate

An Act relating to health insurance; amending 36 O.S. 2021, Section 6060, which relates to mammography screenings; defining terms; specifying insurance coverage of certain mammograms; providing for contingent effect of provisions based on impact to health savings accounts pursuant to Section 223 of the Internal Revenue Code; providing for applicability of provisions related to preventive care; and providing an effective date.

SUBJECT: Health insurance

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. AMENDATORY 36 O.S. 2021, Section 6060, is amended to read as follows:

Section 6060. A. For the purposes of this section~~7~~:

1. "Breast magnetic resonance imaging" means a diagnostic tool used to produce detailed pictures of the structure of the breast;

2. "Breast ultrasound" means a noninvasive, diagnostic imaging technique that uses high-frequency sound waves to produce detailed images of the breast;

3. "Diagnostic examination for breast cancer" means a medically necessary and clinically appropriate examination, as defined by current guidelines and as determined by a clinician who is evaluating the individual for breast cancer, to evaluate the abnormality in the breast that is:

- a. seen or suspected from a screening examination for breast cancer,
- b. detected by another means of examination, or
- c. suspected based on the medical history or family medical history of the individual.

This examination may include, but is not limited to, a diagnostic mammogram, breast magnetic resonance imaging, or a breast ultrasound;

4. "Diagnostic mammography" means a diagnostic tool that:

- a. uses X-ray, and
- b. is designed to evaluate abnormality in a breast;

5. "Health benefit plan" means any plan or arrangement as defined in subsection C of Section 6060.4 of this title;

~~2-~~ 6. "Low-dose mammography" means:

- a. the X-ray examination of the breast using equipment specifically dedicated for such purpose, with an average radiation exposure delivery of less than one rad mid-breast and with two views for each breast,
- b. digital mammography, or
- c. breast tomosynthesis;

~~3.~~ 7. "Breast tomosynthesis" means a radiologic mammography procedure involving the acquisition of projection images over a stationary breast to produce cross-sectional digital three-dimensional images of the breast from which breast cancer screening diagnoses may be made; and

8. "Screening mammography" means a radiologic procedure provided to a woman, who has no signs or symptoms of breast cancer, for the purpose of early detection of breast cancer, including breast tomosynthesis.

B. All health benefit plans shall include the coverage specified by this section for a low-dose mammography screening for the presence of occult breast cancer and a diagnostic examination for breast cancer. Such coverage shall not:

1. Be subject to the policy deductible, co-payments and co-insurance limits of the plan; or

2. Require that a female undergo a mammography screening at a specified time as a condition of payment.

C. 1. Any female thirty-five (35) through thirty-nine (39) years of age shall be entitled pursuant to the provisions of this section to coverage for a low-dose mammography screening once every five (5) years.

2. Any female forty (40) years of age or older shall be entitled pursuant to the provisions of this section to coverage for an annual low-dose mammography screening.

D. If application of this act would result in health savings account ineligibility under Section 223 of the federal Internal Revenue Code, as amended, the provisions of this section shall only apply to health savings accounts with qualified high deductible health plans with respect to the deductible of such a plan after the

enrollee has satisfied the minimum deductible. Provided, however, the provisions of this section shall apply to items of services that are preventive care pursuant to Section 223(c)(2)(c) of the federal Internal Revenue Code, as amended, regardless of whether the minimum deductible has been satisfied.

SECTION 2. This act shall become effective November 1, 2022.

Passed the House of Representatives the 16th day of May, 2022.

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Presiding Officer of the House  
of Representatives

Passed the Senate the 20th day of April, 2022.

\_\_\_\_\_  
Presiding Officer of the Senate

OFFICE OF THE GOVERNOR

Received by the Office of the Governor this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

By: \_\_\_\_\_

Approved by the Governor of the State of Oklahoma this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

\_\_\_\_\_  
Governor of the State of Oklahoma

OFFICE OF THE SECRETARY OF STATE

Received by the Office of the Secretary of State this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ M.

By: \_\_\_\_\_