

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2025

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SENATE BILL DRS35189-MRa-85

Short Title: Save More Tatas Act.

(Public)

Sponsors: Senators Batch, Mayfield, and Applewhite (Primary Sponsors).

Referred to:

A BILL TO BE ENTITLED
AN ACT PROVIDING HEALTH COVERAGE PARITY FOR BREAST CANCER
DIAGNOSTIC IMAGING, MAKING TECHNICAL AND CONFORMING CHANGES TO
THE GENERAL STATUTES RELATED TO BREAST CANCER SCREENING,
APPROPRIATING FUNDS TO SUPPORT AVAILABILITY OF MAMMOGRAPHY
TECHNOLOGISTS IN RURAL AND UNDERSERVED AREAS OF THE STATE, AND
UPDATING MAMMOGRAPHIC BREAST DENSITY PATIENT NOTIFICATION
REQUIREMENTS.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 58-51-57 is recodified as G.S. 58-3-271.

SECTION 2.(a) G.S. 58-3-271, as created by Section 1 of this act, reads as rewritten:

"§ 58-3-271. Coverage for ~~mammograms~~ exams for breast cancer and cervical cancer
screening.

(a) Every ~~policy or contract of accident or health insurance, and every preferred provider~~
health benefit plan under G.S. 58-50-56, that is issued, renewed, or amended on or after January
1, 1992, offered by an insurer shall provide coverage for examinations and laboratory tests for
the screening for the early detection of cervical cancer and for low-dose screening
mammography. The same deductibles, coinsurance, and other limitations as apply to similar
services covered under the policy, contract, or plan shall apply to coverage for examinations and
laboratory tests for the screening for the early detection of cervical cancer and low-dose screening
mammography.

(a1) ~~As used in this section, "examinations"~~ The following definitions apply in this section:

(1) Cost-sharing requirement. – A deductible, coinsurance, copayment, and any
maximum limitation on the application of a deductible, coinsurance,
copayment, or similar out-of-pocket expense.

(2) Dense breast tissue. – Heterogeneously or extremely dense breast tissue as
defined by the Breast Imaging Reporting and Data System established by the
American College of Radiology.

(3) Diagnostic examination for breast cancer. – An examination for breast cancer
that is determined by the healthcare provider treating the patient to be
medically necessary and appropriate, in accordance with applicable American
College of Radiology guidelines. A diagnostic exam for breast cancer may
include a diagnostic low-dose mammography, breast magnetic resonance
imaging, or breast ultrasound to evaluate an abnormality in the breast that
meets one of the following criteria:



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- a. The abnormality is seen or suspected from a screening examination for breast cancer.
 - b. The abnormality is detected by a means of examination other than a screening examination for breast cancer.
- (4) Low-dose mammography. – A radiologic procedure for the early detection of breast cancer using equipment dedicated specifically for mammography, including a physician's interpretation of the results of the procedure.
- (5) Magnetic resonance imaging. – Medical imaging that uses nuclear magnetic resonance.
- (6) Screening of early detection of cervical cancer. – Examinations and laboratory tests for the screening for the early detection of used to detect cervical cancer" means cancer, including conventional PAP smear screening, liquid-based cytology, and human papilloma virus (HPV) detection methods for women with equivocal findings on cervical cytologic analysis that are subject to the approval of and have been approved by the United States Food and Drug Administration.
- (7) Supplemental examination for breast cancer. – An examination for breast cancer that is determined by the healthcare provider treating the patient to be medically necessary and appropriate, in accordance with applicable American College of Radiology guidelines. A supplemental examination for breast cancer may include breast magnetic resonance imaging, breast ultrasound, diagnostic low-dose mammography, and digital breast tomosynthesis to evaluate a potential abnormality in the breast in an individual who meets both of the following criteria:
 - a. The individual has a personal or family medical history of breast cancer.
 - b. The individual has dense breast tissue.
- (b) ~~As used in this section, "low-dose screening mammography" means a radiologic procedure for the early detection of breast cancer provided to an asymptomatic woman using equipment dedicated specifically for mammography, including a physician's interpretation of the results of the procedure.~~
- (c) Coverage for low-dose screening mammography and breast ultrasound shall be provided as follows:
 - (1) One or more mammograms a year, as recommended by a physician, for any woman who is at risk for breast cancer. For purposes of this subdivision, a woman is at risk for breast cancer if any one or more of the following is true:
 - a. The woman has a personal history of breast cancer; cancer.
 - b. The woman has a personal history of biopsy-proven benign breast disease; disease.
 - c. The woman's mother, sister, or daughter has or has had breast cancer; or cancer.
 - d. The woman has not given birth prior to the age of 30; 30.
 - (2) One baseline mammogram for any woman 35 through 39 years of age, ~~inclusive;~~ inclusive.
 - (3) A mammogram every other year for any woman 40 through 49 years of age, inclusive, or more frequently upon recommendation of a ~~physician;~~ and physician.
 - (4) A mammogram every year for any woman 50 years of age or older.
 - (5) If recommended by a healthcare provider, one or more mammograms or breast ultrasounds per year for any woman with dense breast tissue.

(c1) Every health benefit plan offered by an insurer that provides benefits for a diagnostic or supplemental examination for breast cancer shall ensure that the cost-sharing requirements applicable to a diagnostic or supplemental examination for breast cancer are no less favorable than the cost-sharing requirements applicable to a screening examination for breast cancer.

(d) Reimbursement for a mammogram authorized under this section shall be made only if the facility in which the mammogram was performed meets mammography accreditation standards established by the North Carolina Medical Care Commission.

(e) Coverage for the screening for the early detection of cervical cancer shall be in accordance with the most recently published American Cancer Society guidelines or guidelines adopted by the North Carolina Advisory Committee on Cancer Coordination and Control. Coverage shall include the examination, the laboratory fee, and the physician's interpretation of the laboratory results. Reimbursements for laboratory fees shall be made only if the laboratory meets accreditation standards adopted by the North Carolina Medical Care Commission."

SECTION 2.(b) G.S. 58-65-92 and G.S. 58-67-76 are repealed.

SECTION 2.(c) This section is effective October 1, 2025, and applies to insurance contracts issued, renewed, or amended on or after that date.

SECTION 3.(a) G.S. 135-48.51 reads as rewritten:

"§ 135-48.51. Coverage and operational mandates related to Chapter 58 of the General Statutes.

The following provisions of Chapter 58 of the General Statutes apply to the State Health Plan:

...

(9a) G.S. 58-3-271, Coverage for exams for breast cancer and cervical cancer screening.

...."

SECTION 3.(b) Effective July 1, 2025, there is appropriated from the General Fund to the Department of State Treasurer the sum of three million six hundred thousand dollars (\$3,600,000) in recurring funds for the 2025-2026 fiscal year and the sum of five million dollars (\$5,000,000) in recurring funds for the 2026-2027 fiscal year to be used to implement the coverage under the North Carolina State Health Plan for Teachers and State Employees required by this section.

SECTION 3.(c) Subsection (a) of this section is effective October 1, 2025, and applies as of the start of the next plan year following that date.

SECTION 4. Effective July 1, 2025, there is appropriated from the General Fund to the Community Colleges System Office the sum of one million five hundred thousand dollars (\$1,500,000) in nonrecurring funds for the 2025-2026 fiscal year to be used to develop a program and incentives for the recruitment, hiring, and retention of certified mammography technologists to perform 3D mammograms in rural and medically underserved areas of the State.

SECTION 5. Effective October 1, 2025, G.S. 130A-215.5(a) reads as rewritten:

"(a) All health care facilities that perform mammography examinations shall include in the summary of the mammography report, required by federal law to be provided to a patient, information that identifies the patient's individual breast density classification based on the Breast Imaging Reporting and Data System established by the American College of Radiology. Radiology and any other information required by the Mammography Quality Standards Act regulations issued by the U.S. Food and Drug Administration, as set forth in 21 C.F.R. § 900.12(c)(2)(iv), as from time to time amended. If the facility determines that a patient has heterogeneously or extremely dense breasts, the summary of the mammography report shall include the following notice:

"Breast tissue can be either dense or not dense. Your mammogram indicates that you may have dense breast tissue. Dense breast tissue is relatively common and is found in more than forty percent (40%) of women. You might benefit from supplementary screening tests, which can include a breast ultrasound screening or a breast MRI examination, or both, depending on your

1 individual risk factors. The presence of dense tissue may make it more difficult to detect
2 abnormalities in the breast and may be associated with an increased risk of breast cancer. We are
3 providing this information to raise your awareness of this important factor and to encourage you
4 to talk with your physician about this and other breast cancer risk factors. Together, you can
5 decide which screening options are right for you. A report of your results was sent to your
6 physician.""

7 **SECTION 6.** Except as otherwise provided, this act is effective when it becomes
8 law.