



HB 285 v. A – Diagnostic Breast Examination Access

During the initial hearing of HB 285 in the House Labor & Commerce Committee, the following questions were asked by committee members:

Why aren't insurance companies already covering cost-sharing for diagnostic breast imaging?

In other states, insurers acknowledge the value of covering diagnostic breast imaging, but express concern about the potential precedent it might establish. This precedent refers to their apprehension that such coverage could lead to expectations for covering diagnostic testing for other prevalent diseases.

It should be noted that among screening for other cancers, there are no other cancers where all these criteria apply:

1. A screening test is available (blood and brain cancers have no screening.)
2. The screening is done annually when abnormalities are present. (e.g. colonoscopies are performed every 10 years.)
3. The diagnostic tests use expensive technology (for cervical cancer, pap smears are annual but involve a lab test only).

How many Alaskans are covered by private insurance versus public insurance?

Currently, this bill would only cover Alaskans who have private insurance plans – around 15% of policy holders. Most of the remaining insurance policyholders are covered by federally regulated plans, and currently there are efforts to pass a similar bill in Congress. In other states that have passed this legislation, the number of people insured under state-regulated policies hovers around 20%, and they have decided it is worth it.

To the best of our knowledge, in Alaska, when other cancer screening insurance requirement bills have passed, all the self-insured plans in the state have conformed to these changes.

Would this type of coverage be provided for people who are not privately insured?

No, HB 285 only impacts state regulated commercial insurance health plans under Title 21.

Medicaid:

At the request of the Division of Insurance, this bill does not cover Medicaid. In most states, this bill does not include Medicaid because they already offer Medicaid programs with no cost-sharing. It is possible to amend the statute to provide this coverage to Medicaid patients, but it would add much more complexity to the bill and should be run by Medicaid officials.

AlaskaCare: *Response from Steve Ramos, Alaska Division of Retirement and Benefits*

Regarding including the AlaskaCare plans administered by the Division of Retirement and Benefits (DRB), bringing the AlaskaCare plans under Title 21 may inadvertently create unintended vested benefits that are subject to constitutional protection under Article XII, Section 7 of the Alaska Constitution.

This is significant because the benefits offered by the state's health plans are self-insured and as such are not considered true "insurance" plans and therefore not historically subject to Title 21. The concern is that bringing AlaskaCare under Title 21 could, in the future, have the unintentional effect of expanding AlaskaCare retiree benefits due to other provisions under Title 21 – which would then become an unfunded mandate that is constitutionally protected from diminishment or impairment.

DRB consulted with the Department of Law, and it was advised by the Assistant Attorney General that including AlaskaCare in the bill would create ambiguities in the law that may adversely impact the DRB in future litigation.

Would this bill also require private insurers to cover biopsies?

Biopsies are excluded from this bill. A biopsy is a needle-based procedure, one that is also costly and that patients must pay high out-of-pocket costs for. For the purposes of this bill, HB 285 addresses imaging only.