



LAWS OF ALASKA

1991

Source

HB 45

Chapter No.

69

AN ACT

Relating to insurance coverage for mammograms; requiring the medical assistance program to cover mammograms; and reordering the priorities granted to services covered under the medical assistance program.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

THE ACT FOLLOWS ON PAGE 1

Approved by the Governor: June 21, 1991
Actual Effective Date: September 19, 1991

AN ACT

1 Relating to insurance coverage for mammograms; requiring the medical assistance
2 program to cover mammograms; and reordering the priorities granted to services covered
3 under the medical assistance program.
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8 * Section 1. AS 21.42 is amended by adding a new section to read:

9 Sec. 21.42.375. COVERAGE FOR MAMMOGRAMS. (a) An insurer authorized under
10 AS 21.09 to offer, issue for delivery, deliver, or renew an individual or group disability insurance
11 policy for medical coverage on an expense incurred basis in the state, or a hospital or medical
12 service corporation authorized under AS 21.87 to offer or renew a subscriber's contract for
13 medical coverage in the state shall provide coverage for low-dose mammography screening under
14 the schedule described in (b) of this section if the policy or contract covers mastectomies and
15 prosthetic devices and reconstructive surgery incident to mastectomies.

- 16 (b) The minimum coverage required under (a) of this section includes
17 (1) a baseline mammogram for a person who is at least 35 years of age but less
18 than 40 years of age;
19 (2) one mammogram every two years for a person who is at least 40 years of age
20 but less than 50 years of age;
21 (3) an annual mammogram for a person who is at least 50 years of age;

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1 (4) a mammogram at any age for a person with a history of breast cancer or
2 whose parent or sibling has a history of breast cancer, upon referral by a physician.

3 (c) The coverage required by this section

4 (1) must be included in the policy or contract on a basis that is not less favorable
5 than for other radiological examinations;

6 (2) may be subject to standard policy provisions applicable to other benefits such
7 as deductible or copayment provisions.

8 (d) This section does not apply to supplemental contracts covering a specified disease
9 or other limited benefits.

10 (e) In this section, "low-dose mammography screening" and "mammogram" mean the X-
11 ray examination of the breast using equipment dedicated specifically for mammography, including
12 the X-ray tube, filter, compression device, screens, films, and cassettes, with an average radiation
13 exposure delivery of less than one rad mid-breast, with two views for each breast.

14 * Sec. 2. AS 21.87.340 is amended to read:

15 Sec. 21.87.340. OTHER PROVISIONS APPLICABLE. In addition to the provisions
16 contained or referred to previously in this chapter, the following chapters and provisions of this
17 title also apply with respect to service corporations to the extent applicable and not in conflict
18 with the express provisions of this chapter and the reasonable implications of the express
19 provisions, and for the purposes of the application the corporations shall be considered to be
20 mutual "insurers":

21 (1) AS 21.03

22 (2) AS 21.06

23 (3) AS 21.09, except AS 21.09.090

24 (4) AS 21.18.010

25 (5) AS 21.18.030

26 (6) AS 21.18.040

27 (7) AS 21.18.120

28 (8) AS 21.21.321

29 (9) AS 21.36

30 (10) AS 21.42.345 - 21.42.365, and 21.42.375

- 1 (11) AS 21.51.120
 2 (12) AS 21.53
 3 (13) AS 21.54.020
 4 (14) AS 21.69.400
 5 (15) AS 21.69.520
 6 (16) AS 21.69.600, 21.69.620, and 21.69.630
 7 (17) AS 21.78
 8 (18) AS 21.89.040
 9 (19) AS 21.89.060
 10 (20) AS 21.90

11 * Sec. 3. AS 47.07.030(b) is amended to read:

12 (b) In addition to the mandatory services specified in (a) of this section, the department
 13 may offer only the following optional services: case management and nutrition services for
 14 pregnant women; personal care services in a recipient's home; emergency hospital services;
 15 long-term care noninstitutional services; medical supplies and equipment; clinic services; inpatient
 16 psychiatric facility services for individuals age 65 or older and individuals under age 21;
 17 prescribed drugs; physical therapy; occupational therapy; chiropractic services; low-dose
 18 mammography screening, as defined in AS 21.42.375(e); treatment of speech, hearing, and
 19 language disorders; adult dental services; prosthetic devices and eyeglasses; optometrists'
 20 services; intermediate care facility services, including intermediate care facility services for the
 21 mentally retarded; skilled nursing facility services for individuals under age 21; and reasonable
 22 transportation to and from the point of medical care.

23 * Sec. 4. AS 47.07.035 is amended to read:

24 Sec. 47.07.035. PRIORITY OF MEDICAL ASSISTANCE. If the department finds that
 25 the cost of medical assistance for all persons eligible under this chapter will exceed the amount
 26 allocated in the state budget for that assistance for the fiscal year, the department shall eliminate
 27 coverage for optional medical services and optionally eligible groups of individuals in the
 28 following order:

- 29 (1) chiropractic services;
 30 (2) adult dental services;

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- 1 (3) emergency hospital services;
- 2 (4) treatment of speech, hearing, and language disorders;
- 3 (5) optometrists' services and eyeglasses;
- 4 (6) occupational therapy;
- 5 (7) **mammography screening**;
- 6 (8) prosthetic devices;
- 7 (9) [(8)] medical supplies and equipment;
- 8 (10) [(9)] clinic services;
- 9 (11) [(10)] physical therapy;
- 10 (12) [(11)] personal care services in a recipient's home;
- 11 (13) [(12)] prescribed drugs;
- 12 (14) [(13)] long-term care noninstitutional services;
- 13 (15) [(14)] inpatient psychiatric facility services;
- 14 (16) [(15)] intermediate care facility services for the mentally retarded;
- 15 (17) [(16)] intermediate care facility services;
- 16 [(17) REPEALED.]
- 17 (18) individuals under age 21 who are not eligible for benefits under the federal aid to
18 families with dependent children program because they are not deprived of one or more of their
19 natural or adoptive parents;
- 20 (19) skilled nursing facility services for persons under age 21;
- 21 (20) aged, blind, and disabled individuals who, because they do not meet the income
22 requirements, do not receive supplemental security income under Title XVI of the Social Security
23 Act, but who are eligible, or would be eligible if they were not in a skilled nursing facility or
24 intermediate care facility, to receive an optional state supplementary payment;
- 25 (21) individuals in a hospital, skilled nursing facility, or intermediate care facility whose
26 income while in the facility does not exceed 300 percent of the supplemental security income
27 benefit rate under Title XVI of the Social Security Act, but who, because of income, are not
28 eligible for the optional state supplementary payment;
- 29 (22) individuals under age 21 under supervision of the department, for whom
30 maintenance is being paid in whole or in part from public money and who are in foster homes

1 or private child-care institutions.

2 * Sec. 5. AS 21.42.375, enacted by sec. 1 of this Act, applies to individual and group disability
3 insurance policies and to hospital or medical service subscriber contracts entered into or renewed on or
4 after the effective date of this Act.