Supplemental Breast Imaging in Nevada:
What You Need to Know

OVERVIEW

Senate Bill 330, which took effect Jan. 1, 2024, requires commercial health insurers to cover annual mammograms, and supplemental and diagnostic imaging exams at no cost to the patient. The new requirement aligns with Medicare and Medicaid coverage of breast imaging.

Covered with no out-of-pocket cost:

- Annual mammograms for insured patients aged 40+.
- Imaging tests for high-risk but asymptomatic individuals by MRI, ultrasound, or other imaging.
- Diagnostic imaging test by MRI, ultrasound, or other imaging.

Insurance plans not included:

- Federally regulated insurance plans, such as ERISA plans or self-insured plans, such as the Culinary Union's plan.
- Public Employees' Benefits Program (PEBP).
- Local government public employee plans.

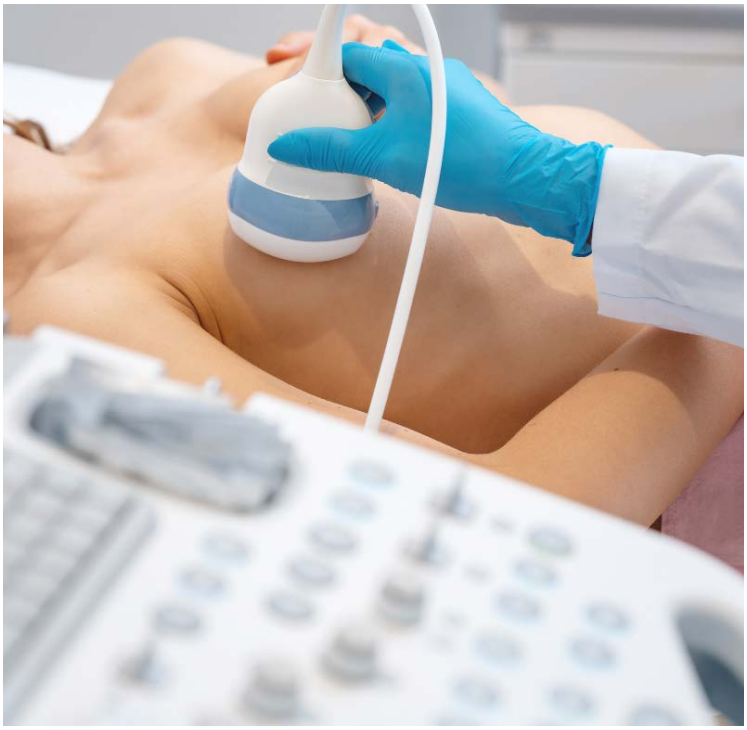
DEFINITIONS

High-risk Patients: Individuals with > 20% lifetime risk of breast cancer.

Screening Mammogram: Imaging for a patient with no symptoms, done at regular intervals, such as annually, to look for breast cancers.

Supplemental Imaging: Imaging for a patient who is in a high-risk category (such as breast cancer survivor, genetic factors such as BRCA, dense breast tissue, etc.) in addition to an annual mammogram. Could be a breast ultrasound, MRI, or another imaging test.

Diagnostic Imaging: Imaging when the patient has symptoms or a screening shows an abnormality.



Are you concerned that you're being charged for breast imaging that should be covered?

Consumers who believe a cost-sharing payment is being inappropriately applied to their mammography or other imaging services are encouraged to contact the Nevada Division of Insurance and file a complaint. The division's Consumer Services team can gather the relevant information and work to ensure proper resolution. To file a complaint:

- Online at https://doi.nv.gov/Consumers/File-a-Complaint/
- In Southern Nevada by calling (702) 486-4009
- In Northern Nevada by calling (775) 687-0700
- Toll-free by calling (888) 872-3234

NEVADA CANCER COALITION

FREQUENTLY ASKED QUESTIONS

Q: Are our patients who live outside of Nevada covered for breast imaging services at a Nevada-located facility?
A: The provisions of this law only apply to individuals insured in Nevada by insurers regulated by the Nevada Division of Insurance and with policies that fall within the law's scope.

Q: Are six-month follow-up exams included in this coverage?
A: Yes. Imaging on an interval deemed most appropriate when medically necessary as recommended by a healthcare provider is covered.

Q: Are biopsies covered within this bill?
A: No. This change only affects non-invasive breast imaging—screening, supplemental, and diagnostic.

Q: If someone has had lumpectomies in the past, is a diagnostic imaging test appropriate to request?
A: Yes.

Q: Are uninsured patients covered by provisions in this bill?
A: No. This bill is specific to coverage by private insurers. Medicaid and Medicare do provide this same coverage. Nevada also has the Women's Health Connection program, a screening program for those who are uninsured, which provides similar coverage. Other screening programs offering breast imaging for those without insurance include the Dignity Health R.E.D. Rose Program or Nevada Health Centers Mammovan.

Q: For imaging facilities that charge the patient for the 3D portion of a mammogram, will those charges be eliminated?
A: Yes. Provisions in the bill cover all mammogram technology with no deductible, copayment, coinsurance, or any other form of cost-sharing for those covered by private insurers that fall within the law's scope.

Q: Is Nevada Cancer Coalition working with the Nevada Division of Insurance to ensure commercial insurers comply with this new law? Will there be penalties for companies that do not comply?
A: There are no penalties included within the bill for insurers who do not comply with the law. Enforcement will rely on the powers already provided to the Division of Insurance. The DOI asks that anyone who believes they're being incorrectly charged for services by their insurance company can file a complaint with the division.

Q: Historically it has been difficult to get authorization for breast MRIs for high-risk patients. Are there any guidelines for approval?
A: We have no knowledge of insurers issuing any guidelines. The law was passed to incorporate both breast ultrasound and breast MRI within the covered exams under the umbrella of "imaging test." Additionally, the law covers breast imaging deemed "medically necessary" with a healthcare provider referral, which should reduce the need for prior authorization.

Q: Does this only cover breast screening for women?
A: No. This law provides breast imaging for Nevadans covered by private insurance plans—regardless of gender or gender identity—with no cost. This law specifically uses inclusive language to ensure that no one is turned away and no one is denied coverage for breast imaging. Men do get breast cancer. Trans people do get breast cancer and also face barriers to care. Any patient who requires screening or has a lump or area of concern must be covered.

Q: Is there a plan to expand this coverage to health insurance plans exempted by this bill?
A: Yes. Susan G. Komen is working on federal legislation to expand this coverage to federally regulated plans, including ERISA and high-deductible plans.