

New Washington Law Addresses Patient Cost-Sharing for Diagnostic & Supplemental Breast Imaging

During the 2023 legislative session, the Washington Legislature passed [SB 5396](#) to prohibit patient cost sharing for medically necessary diagnostic mammograms, breast ultrasounds, and breast MRIs.

- ⇒ The law applies to state-regulated health insurance plans with existing coverage of diagnostic imaging (nearly all plans offer this coverage).
- ⇒ It covers imaging requested by a doctor where: 1) there is a breast abnormality detected or suspected (diagnostic) or 2) the imaging is used as screening for patients at high risk for breast cancer (supplemental).
- ⇒ The law prohibits patient co-pays or deductible payments for procedures conducted under the above criteria.
- ⇒ The law impacts insurance plans issued or renewed on or after January 1, 2024.

State vs. federally regulated insurance

The State Legislature can only change the law for policies that are regulated by Washington's Office of the Insurance Commissioner.

Very generally, **state regulated** insurance includes insurance plans for: individuals, many employer group plans, and plans managed by Washington's Health Care Authority (Apple Health and public employee plans)

Federally regulated insurance plans will still allow cost-sharing until Congress passes similar legislation. These plans generally include: Medicare, Tri-Care (military families & retirees), and plans under ERISA, the Employee Retirement Income Security Act, including HMOs, union plans, and self-funded plans where the employer pays all medical costs (Microsoft is an example).

Due to federal tax law, **high deductible health plans with Health Savings Accounts** are exempt from the prohibition on cost sharing for state and federally regulated plans.

The best way for patients to determine their coverage is to contact their employer or insurer.



More information on the Office of the Insurance Commissioner's rulemaking on this law can be found [here](#).