(2) A MAMMOGRAM FOR WOMEN AGE 40 TO 49 EVERY 2 YEARS, OR MORE FREQUENTLY IF RECOMMENDED BY A PHYSICIAN; AND

(3) AN ANNUAL MAMMOGRAM FOR WOMEN AGE 50 AND OVER.

(C) ~~(1) A GROUP OR BLANKET HEALTH INSURANCE POLICY IS NOT OBLIGATED TO PROVIDE COVERAGE OF MORE THAN $100 FOR AN ANNUAL SCREENING MAMMOGRAM REQUIRED UNDER THIS SECTION.~~

~~(2)~~ A GROUP OR BLANKET HEALTH INSURANCE POLICY IS NOT OBLIGATED TO COVER SCREENING MAMMOGRAMS PROVIDED BY A FACILITY THAT IS NOT ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY OR CERTIFIED OR LICENSED UNDER A PROGRAM ESTABLISHED BY THE STATE.

490M.

(G) BEGINNING JUNE 30, 1993, ANY NONPROFIT HEALTH SERVICE PLAN OR INSURER REQUIRED TO OFFER A MANDATED BENEFIT FOR SCREENING MAMMOGRAMS SHALL SUBMIT TO THE COMMISSIONER FOR FORWARDING TO THE COMMITTEE AND THE LEGISLATIVE POLICY COMMITTEE, THE FOLLOWING INFORMATION ON AN ANNUAL BASIS:

(1) THE AVERAGE CHARGE FOR A SCREENING MAMMOGRAM;

(2) THE AVERAGE ALLOWED CHARGE FOR A SCREENING MAMMOGRAM;

(3) THE AVERAGE PAYOUT FOR A SCREENING MAMMOGRAM;

(4) THE TOTAL NUMBER OF WOMEN COVERED, BY AGE CATEGORIES;

(5) THE TOTAL NUMBER OF SCREENING MAMMOGRAMS PER YEAR BY AGE CATEGORIES;

(6) THE TOTAL AMOUNT PAID FOR SCREENING MAMMOGRAMS;

(7) THE TOTAL AMOUNT PAID FOR THE TREATMENT OF BREAST CANCER, BY STAGE OF THE DISEASE AND AGE CATEGORIES; AND

(8) PREMIUM COSTS.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to contracts and policies issued, delivered, or renewed on or after July 1, 1991.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 1991.

Approved May 24, 1991.
