



General Assembly

January Session, 2019

Raised Bill No. 838

LCO No. 4030



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

**AN ACT CONCERNING REQUIRED HEALTH INSURANCE
COVERAGE AND COST-SHARING FOR MAMMOGRAMS AND
BREAST ULTRASOUNDS.**

Be it enacted by the Senate and House of Representatives in General
Assembly convened:

1 Section 1. Subsections (b) and (c) of section 38a-503 of the general
2 statutes are repealed and the following is substituted in lieu thereof
3 (*Effective January 1, 2020*):

4 (b) (1) Each individual health insurance policy providing coverage
5 of the type specified in subdivisions (1), (2), (4), (10), (11) and (12) of
6 section 38a-469 delivered, issued for delivery, renewed, amended or
7 continued in this state shall provide benefits for mammograms to any
8 woman covered under the policy that are at least equal to the
9 following minimum requirements: (A) A baseline mammogram, which
10 may be provided by breast tomosynthesis at the option of the woman
11 covered under the policy, for any woman who is [thirty-five to thirty-
12 nine] thirty years of age [, inclusive] or older; and (B) if recommended
13 by such woman's treating physician, a mammogram, which may be
14 provided by breast tomosynthesis at the option of the woman covered

15 under the policy, every year for any woman who (i) is [forty] thirty
16 years of age or older, (ii) has a family history or prior personal history
17 of breast cancer, or (iii) has a prior personal history of breast disease
18 diagnosed through biopsy as benign.

19 (2) Such policy shall provide additional benefits for:

20 (A) Comprehensive ultrasound screening of an entire breast or
21 breasts if: [a] (i) A mammogram demonstrates heterogeneous or dense
22 breast tissue based on the Breast Imaging Reporting and Data System
23 established by the American College of Radiology; [or if] (ii) a woman
24 is believed to be at increased risk for breast cancer due to (I) family
25 history or prior personal history of breast cancer, (II) positive genetic
26 testing, or (III) other indications as determined by a woman's physician
27 or advanced practice registered nurse; or (iii) such screening is
28 recommended by a woman's treating physician for a woman who (I) is
29 thirty years of age or older, (II) has a family history or prior personal
30 history of breast cancer, or (III) has a prior personal history of breast
31 disease diagnosed through biopsy as benign; and

32 (B) Magnetic resonance imaging of an entire breast or breasts in
33 accordance with guidelines established by the American Cancer
34 Society.

35 (c) Benefits under this section shall be subject to any policy
36 provisions that apply to other services covered by such policy, except
37 that no such policy shall impose a coinsurance, copayment, [that
38 exceeds a maximum of twenty dollars for an ultrasound screening
39 under subparagraph (A) of subdivision (2) of subsection (b) of this
40 section] deductible or other out-of-pocket expense for such benefits.
41 The provisions of this subsection shall apply to a high deductible plan,
42 as that term is used in subsection (f) of section 38a-493, to the
43 maximum extent permitted by federal law, except if such plan is used
44 to establish a health savings account, as that term is used in Section 223
45 of the Internal Revenue Code of 1986 or any subsequent corresponding
46 internal revenue code of the United States, as amended from time to

47 time, the provisions of this subsection shall apply to such plan to the
48 maximum extent that (1) is permitted by federal law, and (2) does not
49 disqualify such account for the deduction allowed under said Section
50 223.

51 Sec. 2. Subsections (b) and (c) of section 38a-530 of the general
52 statutes are repealed and the following is substituted in lieu thereof
53 (*Effective January 1, 2020*):

54 (b) (1) Each group health insurance policy providing coverage of the
55 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
56 469 delivered, issued for delivery, renewed, amended or continued in
57 this state shall provide benefits for mammograms to any woman
58 covered under the policy that are at least equal to the following
59 minimum requirements: (A) A baseline mammogram, which may be
60 provided by breast tomosynthesis at the option of the woman covered
61 under the policy, for any woman who is [thirty-five to thirty-nine]
62 thirty years of age [, inclusive] or older; and (B) if recommended by
63 such woman's treating physician, a mammogram, which may be
64 provided by breast tomosynthesis at the option of the woman covered
65 under the policy, every year for any woman who (i) is [forty] thirty
66 years of age or older, (ii) has a family history or prior personal history
67 of breast cancer, or (iii) has a prior personal history of breast disease
68 diagnosed through biopsy as benign.

69 (2) Such policy shall provide additional benefits for:

70 (A) Comprehensive ultrasound screening of an entire breast or
71 breasts if: [a] (i) A mammogram demonstrates heterogeneous or dense
72 breast tissue based on the Breast Imaging Reporting and Data System
73 established by the American College of Radiology; [or if] (ii) a woman
74 is believed to be at increased risk for breast cancer due to (I) family
75 history or prior personal history of breast cancer, (II) positive genetic
76 testing, or (III) other indications as determined by a woman's physician
77 or advanced practice registered nurse; or (iii) such screening is
78 recommended by a woman's treating physician for a woman who (I) is

79 thirty years of age or older, (II) has a family history or prior personal
80 history of breast cancer, or (III) has a prior personal history of breast
81 disease diagnosed through biopsy as benign; and

82 (B) Magnetic resonance imaging of an entire breast or breasts in
83 accordance with guidelines established by the American Cancer
84 Society.

85 (c) Benefits under this section shall be subject to any policy
86 provisions that apply to other services covered by such policy, except
87 that no such policy shall impose a coinsurance copayment, [that
88 exceeds a maximum of twenty dollars for an ultrasound screening
89 under subparagraph (A) of subdivision (2) of subsection (b) of this
90 section] deductible or other out-of-pocket expense for such benefits.
91 The provisions of this subsection shall apply to a high deductible plan,
92 as that term is used in subsection (f) of section 38a-493, to the
93 maximum extent permitted by federal law, except if such plan is used
94 to establish a health savings account, as that term is used in Section 223
95 of the Internal Revenue Code of 1986 or any subsequent corresponding
96 internal revenue code of the United States, as amended from time to
97 time, the provisions of this subsection shall apply to such plan to the
98 maximum extent that (1) is permitted by federal law, and (2) does not
99 disqualify such account for the deduction allowed under said Section
100 223.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2020	38a-503(b) and (c)
Sec. 2	January 1, 2020	38a-530(b) and (c)

Statement of Purpose:

To (1) eliminate cost-sharing for certain mammograms and breast ultrasounds, and (2) require health insurance coverage for (A) a baseline mammogram for any woman who is thirty years of age or older, (B) an annual mammogram for any woman who receives a recommendation from such woman's treating physician and (i) is

thirty years of age or older, (ii) has a family history or prior personal history of breast cancer, or (iii) has a prior personal history of breast disease diagnosed through biopsy as benign, and (C) comprehensive breast ultrasound screening for any woman who receives a recommendation from such woman's treating physician and (i) is thirty years of age or older, (ii) has a family history or prior personal history of breast cancer, or (iii) has a prior personal history of breast disease diagnosed through biopsy as benign.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]