



General Assembly

**Substitute Bill No. 838**

January Session, 2019



**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2 statutes are repealed and the following is substituted in lieu thereof  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 years of age, inclusive; and (B) a mammogram, which may be  
13 provided by breast tomosynthesis at the option of the woman covered  
14 under the policy, every year for any woman who is forty years of age  
15 or older.

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

17 (A) Comprehensive ultrasound screening of an entire breast or

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

29 (B) Magnetic resonance imaging of an entire breast or breasts in  
30 accordance with guidelines established by the American Cancer  
31 Society.

32 (c) Benefits under this section shall be subject to any policy  
33 provisions that apply to other services covered by such policy, except  
34 that no such policy shall impose a coinsurance, copayment, [that  
35 exceeds a maximum of twenty dollars for an ultrasound screening  
36 under subparagraph (A) of subdivision (2) of subsection (b) of this  
37 section] deductible or other out-of-pocket expense for such benefits.  
38 The provisions of this subsection shall apply to a high deductible plan,  
39 as that term is used in subsection (f) of section 38a-493, to the  
40 maximum extent permitted by federal law, except if such plan is used  
41 to establish a medical savings account or an Archer MSA pursuant to  
42 Section 220 of the Internal Revenue Code of 1986 or any subsequent  
43 corresponding internal revenue code of the United States, as amended  
44 from time to time, or a health savings account pursuant to Section 223  
45 of said Internal Revenue Code, as amended from time to time, the  
46 provisions of this subsection shall apply to such plan to the maximum  
47 extent that (1) is permitted by federal law, and (2) does not disqualify  
48 such account for the deduction allowed under said Section 220 or 223,  
49 as applicable.

50 Sec. 2. Subsections (b) and (c) of section 38a-530 of the general

51 statutes are repealed and the following is substituted in lieu thereof  
52 (*Effective January 1, 2020*):

53 (b) (1) Each group health insurance policy providing coverage of the  
54 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-  
55 469 delivered, issued for delivery, renewed, amended or continued in  
56 this state shall provide benefits for mammograms to any woman  
57 covered under the policy that are at least equal to the following  
58 minimum requirements: (A) A baseline mammogram, which may be  
59 provided by breast tomosynthesis at the option of the woman covered  
60 under the policy, for any woman who is thirty-five to thirty-nine years  
61 of age, inclusive; and (B) a mammogram, which may be provided by  
62 breast tomosynthesis at the option of the woman covered under the  
63 policy, every year for any woman who is forty years of age or older.

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

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

77 (B) Magnetic resonance imaging of an entire breast or breasts in  
78 accordance with guidelines established by the American Cancer  
79 Society.

80 (c) Benefits under this section shall be subject to any policy  
81 provisions that apply to other services covered by such policy, except

82 that no such policy shall impose a coinsurance, copayment, [that  
83 exceeds a maximum of twenty dollars for an ultrasound screening  
84 under subparagraph (A) of subdivision (2) of subsection (b) of this  
85 section] deductible or other out-of-pocket expense for such benefits.  
86 The provisions of this subsection shall apply to a high deductible plan,  
87 as that term is used in subsection (f) of section 38a-520, to the  
88 maximum extent permitted by federal law, except if such plan is used  
89 to establish a medical savings account or an Archer MSA pursuant to  
90 Section 220 of the Internal Revenue Code of 1986 or any subsequent  
91 corresponding internal revenue code of the United States, as amended  
92 from time to time, or a health savings account pursuant to Section 223  
93 of said Internal Revenue Code, as amended from time to time, the  
94 provisions of this subsection shall apply to such plan to the maximum  
95 extent that (1) is permitted by federal law, and (2) does not disqualify  
96 such account for the deduction allowed under said Section 220 or 223,  
97 as applicable.

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

**INS**      *Joint Favorable Subst.*