



General Assembly

Amendment

January Session, 2021

LCO No. 7698



Offered by:
REP. WOOD, 29th Dist.

To: Subst. House Bill No. 6626

File No. 351

Cal. No. 267

**"AN ACT CONCERNING REQUIRED HEALTH INSURANCE AND
MEDICAID COVERAGE, AMBULANCE SERVICES AND COST
TRANSPARENCY."**

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Section 38a-503 of the general statutes is repealed and the
4 following is substituted in lieu thereof (*Effective January 1, 2022*):

5 (a) For purposes of this section:

6 (1) "Healthcare Common Procedure Coding System" or "HCPCS"
7 means the billing codes used by Medicare and overseen by the federal
8 Centers for Medicare and Medicaid Services that are based on the
9 current procedural technology codes developed by the American
10 Medical Association; and

11 (2) "Mammogram" means mammographic examination or breast
12 tomosynthesis, including, but not limited to, a procedure with a HCPCS
13 code of 77051, 77052, 77055, 77056, 77057, 77063, 77065, 77066, 77067,

14 G0202, G0204, G0206 or G0279, or any subsequent corresponding code.

15 (b) (1) Each individual health insurance policy providing coverage of
16 the type specified in subdivisions (1), (2), (4), (10), (11) and (12) of section
17 38a-469 delivered, issued for delivery, renewed, amended or continued
18 in this state shall provide benefits for diagnostic and screening
19 mammograms [to any woman covered under the policy] for insureds
20 that are at least equal to the following minimum requirements:

21 (A) A baseline mammogram, which may be provided by breast
22 tomosynthesis at the option of the [woman covered under the policy]
23 insured, for [any woman] an insured who is: [thirty-five]

24 (i) Thirty-five to thirty-nine years of age, inclusive; [and] or

25 (ii) Younger than thirty-five years of age if the insured is believed to
26 be at increased risk for breast cancer due to:

27 (I) A family history of breast cancer;

28 (II) Positive genetic testing for the harmful variant of breast cancer
29 gene one, breast cancer gene two or any other gene variant that
30 materially increases the insured's risk for breast cancer;

31 (III) Prior treatment for a childhood cancer if the course of treatment
32 for the childhood cancer included radiation therapy directed at the
33 chest;

34 (IV) Prior or ongoing hormone treatment as part of a gender
35 reassignment; or

36 (V) Other indications as determined by the insured's physician or
37 advanced practice registered nurse; and

38 (B) [a mammogram] Mammograms, which may be provided by
39 breast tomosynthesis at the option of the [woman covered under the
40 policy] insured, every year for [any woman] an insured who is: [forty]

41 (i) Forty years of age or older; [.] or

42 (ii) Younger than forty years of age if the insured is believed to be at
43 increased risk for breast cancer due to:

44 (I) A family history, or prior personal history, of breast cancer;

45 (II) Positive genetic testing for the harmful variant of breast cancer
46 gene one, breast cancer gene two or any other gene that materially
47 increases the insured's risk for breast cancer;

48 (III) Prior treatment for a childhood cancer if the course of treatment
49 for the childhood cancer included radiation therapy directed at the
50 chest;

51 (IV) Prior or ongoing hormone treatment as part of a gender
52 reassignment; or

53 (V) Other indications as determined by the insured's physician or
54 advanced practice registered nurse.

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

56 (A) Comprehensive [ultrasound screening] diagnostic and screening
57 ultrasounds of an entire breast or breasts if:

58 (i) A mammogram demonstrates heterogeneous or dense breast
59 tissue based on the Breast Imaging Reporting and Data System
60 established by the American College of Radiology; or

61 (ii) [a woman] An insured is believed to be at increased risk for breast
62 cancer due to:

63 (I) A family history_z or prior personal history_z of breast cancer; [,]

64 (II) [positive] Positive genetic testing [, or] for the harmful variant of
65 breast cancer gene one, breast cancer gene two or any other gene that
66 materially increases the insured's risk for breast cancer;

67 (III) Prior treatment for a childhood cancer if the course of treatment
68 for the childhood cancer included radiation therapy directed at the

- 69 chest;
- 70 (IV) Prior or ongoing hormone treatment as part of a gender
71 reassignment; or
- 72 [(III) other] (V) Other indications as determined by [a woman's] the
73 insured's physician or advanced practice registered nurse; [or (iii) such
74 screening is recommended by a woman's treating physician for a
75 woman who (I) is forty years of age or older, (II) has a family history or
76 prior personal history of breast cancer, or (III) has a prior personal
77 history of breast disease diagnosed through biopsy as benign; and]
- 78 (B) [Magnetic] Diagnostic and screening magnetic resonance imaging
79 of an entire breast or breasts; [in]
- 80 (i) In accordance with guidelines established by the American Cancer
81 Society [.] for an insured who is thirty-five years of age or older; or
- 82 (ii) If an insured is younger than thirty-five years of age and believed
83 to be at increased risk for breast cancer due to:
- 84 (I) A family history, or prior personal history, of breast cancer;
- 85 (II) Positive genetic testing for the harmful variant of breast cancer
86 gene one, breast cancer gene two or any other gene that materially
87 increases the insured's risk for breast cancer;
- 88 (III) Prior treatment for a childhood cancer if the course of treatment
89 for the childhood cancer included radiation therapy directed at the
90 chest;
- 91 (IV) Prior or ongoing hormone treatment as part of a gender
92 reassignment; or
- 93 (V) Other indications as determined by the insured's physician or
94 advanced practice registered nurse;
- 95 (C) Breast biopsies;

96 (D) Prophylactic mastectomies for an insured who is believed to be at
97 increased risk for breast cancer due to positive genetic testing for the
98 harmful variant of breast cancer gene one, breast cancer gene two or any
99 other gene that materially increases the insured's risk for breast cancer;
100 and

101 (E) Breast reconstructive surgery for an insured who has undergone:

102 (i) A prophylactic mastectomy; or

103 (ii) A mastectomy as part of the insured's course of treatment for
104 breast cancer.

105 (c) Benefits under this section shall be subject to any policy provisions
106 that apply to other services covered by such policy, except that no such
107 policy shall impose a coinsurance, copayment, deductible or other out-
108 of-pocket expense for such benefits. The provisions of this subsection
109 shall apply to a high deductible health plan, as that term is used in
110 subsection (f) of section 38a-493, to the maximum extent permitted by
111 federal law, except if such plan is used to establish a medical savings
112 account or an Archer MSA pursuant to Section 220 of the Internal
113 Revenue Code of 1986 or any subsequent corresponding internal
114 revenue code of the United States, as amended from time to time, or a
115 health savings account pursuant to Section 223 of said Internal Revenue
116 Code, as amended from time to time, the provisions of this subsection
117 shall apply to such plan to the maximum extent that (1) is permitted by
118 federal law, and (2) does not disqualify such account for the deduction
119 allowed under said Section 220 or 223, as applicable.

120 (d) Each mammography report provided to [a patient] an insured
121 shall include information about breast density, based on the Breast
122 Imaging Reporting and Data System established by the American
123 College of Radiology. Where applicable, such report shall include the
124 following notice: "If your mammogram demonstrates that you have
125 dense breast tissue, which could hide small abnormalities, you might
126 benefit from supplementary screening tests, which can include a breast
127 ultrasound screening or a breast MRI examination, or both, depending

128 on your individual risk factors. A report of your mammography results,
129 which contains information about your breast density, has been sent to
130 your physician's or advanced practice registered nurse's office and you
131 should contact your physician or advanced practice registered nurse if
132 you have any questions or concerns about this report."

133 Sec. 2. Section 38a-530 of the general statutes is repealed and the
134 following is substituted in lieu thereof (*Effective January 1, 2022*):

135 (a) For purposes of this section:

136 (1) "Healthcare Common Procedure Coding System" or "HCPCS"
137 means the billing codes used by Medicare and overseen by the federal
138 Centers for Medicare and Medicaid Services that are based on the
139 current procedural technology codes developed by the American
140 Medical Association; and

141 (2) "Mammogram" means mammographic examination or breast
142 tomosynthesis, including, but not limited to, a procedure with a HCPCS
143 code of 77051, 77052, 77055, 77056, 77057, 77063, 77065, 77066, 77067,
144 G0202, G0204, G0206 or G0279, or any subsequent corresponding code.

145 (b) (1) Each group health insurance policy providing coverage of the
146 type specified in subdivisions (1), (2), (4), ~~(10)~~, (11) and (12) of section
147 38a-469 delivered, issued for delivery, renewed, amended or continued
148 in this state shall provide benefits for diagnostic and screening
149 mammograms [to any woman covered under the policy] for insureds
150 that are at least equal to the following minimum requirements:

151 (A) A baseline mammogram, which may be provided by breast
152 tomosynthesis at the option of the [woman covered under the policy]
153 insured, for [any woman] an insured who is: [thirty-five]

154 (i) Thirty-five to thirty-nine years of age, inclusive; [and] or

155 (ii) Younger than thirty-five years of age if the insured is believed to
156 be at increased risk for breast cancer due to:

- 157 (I) A family history of breast cancer;
- 158 (II) Positive genetic testing for the harmful variant of breast cancer
159 gene one, breast cancer gene two or any other gene variant that
160 materially increases the insured's risk for breast cancer;
- 161 (III) Prior treatment for a childhood cancer if the course of treatment
162 for the childhood cancer included radiation therapy directed at the
163 chest;
- 164 (IV) Prior or ongoing hormone treatment as part of a gender
165 reassignment; or
- 166 (V) Other indications as determined by the insured's physician or
167 advanced practice registered nurse; and
- 168 (B) [a mammogram] Mammograms, which may be provided by
169 breast tomosynthesis at the option of the [woman covered under the
170 policy] insured, every year for [any woman] an insured who is: [forty]
- 171 (i) Forty years of age or older; [.] or
- 172 (ii) Younger than forty years of age if the insured is believed to be at
173 increased risk for breast cancer due to:
- 174 (I) A family history, or prior personal history, of breast cancer;
- 175 (II) Positive genetic testing for the harmful variant of breast cancer
176 gene one, breast cancer gene two or any other gene that materially
177 increases the insured's risk for breast cancer;
- 178 (III) Prior treatment for a childhood cancer if the course of treatment
179 for the childhood cancer included radiation therapy directed at the
180 chest;
- 181 (IV) Prior or ongoing hormone treatment as part of a gender
182 reassignment; or
- 183 (V) Other indications as determined by the insured's physician or

184 advanced practice registered nurse.

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

186 (A) Comprehensive [ultrasound screening] diagnostic and screening
187 ultrasounds of an entire breast or breasts if:

188 (i) A mammogram demonstrates heterogeneous or dense breast
189 tissue based on the Breast Imaging Reporting and Data System
190 established by the American College of Radiology; or

191 (ii) [a woman] An insured is believed to be at increased risk for breast
192 cancer due to:

193 (I) A family history, or prior personal history, of breast cancer; [.]

194 (II) [positive] Positive genetic testing [, or] for the harmful variant of
195 breast cancer gene one, breast cancer gene two or any other gene that
196 materially increases the insured's risk for breast cancer;

197 (III) Prior treatment for a childhood cancer if the course of treatment
198 for the childhood cancer included radiation therapy directed at the
199 chest;

200 (IV) Prior or ongoing hormone treatment as part of a gender
201 reassignment; or

202 [(III) other] (V) Other indications as determined by [a woman's] the
203 insured's physician or advanced practice registered nurse; [or (iii) such
204 screening is recommended by a woman's treating physician for a
205 woman who (I) is forty years of age or older, (II) has a family history or
206 prior personal history of breast cancer, or (III) has a prior personal
207 history of breast disease diagnosed through biopsy as benign; and]

208 (B) [Magnetic] Diagnostic and screening magnetic resonance imaging
209 of an entire breast or breasts; [in]

210 (i) In accordance with guidelines established by the American Cancer
211 Society [.] for an insured who is thirty-five years of age or older; or

212 (ii) If an insured is younger than thirty-five years of age and believed
213 to be at increased risk for breast cancer due to:

214 (I) A family history, or prior personal history, of breast cancer;

215 (II) Positive genetic testing for the harmful variant of breast cancer
216 gene one, breast cancer gene two or any other gene that materially
217 increases the insured's risk for breast cancer;

218 (III) Prior treatment for a childhood cancer if the course of treatment
219 for the childhood cancer included radiation therapy directed at the
220 chest;

221 (IV) Prior or ongoing hormone treatment as part of a gender
222 reassignment; or

223 (V) Other indications as determined by the insured's physician or
224 advanced practice registered nurse;

225 (C) Breast biopsies;

226 (D) Prophylactic mastectomies for an insured who is believed to be at
227 increased risk for breast cancer due to positive genetic testing for the
228 harmful variant of breast cancer gene one, breast cancer gene two or any
229 other gene that materially increases the insured's risk for breast cancer;
230 and

231 (E) Breast reconstructive surgery for an insured who has undergone:

232 (i) A prophylactic mastectomy; or

233 (ii) A mastectomy as part of the insured's course of treatment for
234 breast cancer.

235 (c) Benefits under this section shall be subject to any policy provisions
236 that apply to other services covered by such policy, except that no such
237 policy shall impose a coinsurance, copayment, deductible or other out-
238 of-pocket expense for such benefits. The provisions of this subsection
239 shall apply to a high deductible health plan, as that term is used in

240 subsection (f) of section 38a-520, to the maximum extent permitted by
 241 federal law, except if such plan is used to establish a medical savings
 242 account or an Archer MSA pursuant to Section 220 of the Internal
 243 Revenue Code of 1986 or any subsequent corresponding internal
 244 revenue code of the United States, as amended from time to time, or a
 245 health savings account pursuant to Section 223 of said Internal Revenue
 246 Code, as amended from time to time, the provisions of this subsection
 247 shall apply to such plan to the maximum extent that (1) is permitted by
 248 federal law, and (2) does not disqualify such account for the deduction
 249 allowed under said Section 220 or 223, as applicable.

250 (d) Each mammography report provided to [a patient] an insured
 251 shall include information about breast density, based on the Breast
 252 Imaging Reporting and Data System established by the American
 253 College of Radiology. Where applicable, such report shall include the
 254 following notice: "If your mammogram demonstrates that you have
 255 dense breast tissue, which could hide small abnormalities, you might
 256 benefit from supplementary screening tests, which can include a breast
 257 ultrasound screening or a breast MRI examination, or both, depending
 258 on your individual risk factors. A report of your mammography results,
 259 which contains information about your breast density, has been sent to
 260 your physician's or advanced practice registered nurse's office and you
 261 should contact your physician or advanced practice registered nurse if
 262 you have any questions or concerns about this report." "

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2022	38a-503
Sec. 2	January 1, 2022	38a-530