



General Assembly

**Amendment**

**February Session, 2022**

**LCO No. 6368**



Offered by:

REP. PAVALOCK-D'AMATO, 77<sup>th</sup> Dist.

REP. WOOD K., 29<sup>th</sup> Dist.

To: Senate Bill No. **364**

File No. 315

Cal. No. 554

(As Amended)

**"AN ACT CONCERNING HEALTH INSURANCE."**

1 After the last section, add the following and renumber sections and  
2 internal references accordingly:

3 "Sec. 501. Section 38a-503 of the 2022 supplement to the general  
4 statutes is repealed and the following is substituted in lieu thereof  
5 (*Effective January 1, 2023*):

6 (a) For purposes of this section:

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

12 (2) "Mammogram" means mammographic examination or breast

13 tomosynthesis, including, but not limited to, a procedure with a HCPCS  
14 code of 77051, 77052, 77055, 77056, 77057, 77063, 77065, 77066, 77067,  
15 G0202, G0204, G0206 or G0279, or any subsequent corresponding code.

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

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

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

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

28 (I) A family history of breast cancer;

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

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

35 (IV) Other indications as determined by the insured's physician,  
36 advanced practice registered nurse, physician's assistant, certified nurse  
37 midwife or other medical provider; 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,] 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; or
- 51 (IV) Other indications as determined by the insured's physician,  
52 advanced practice registered nurse, physician's assistant, certified nurse  
53 midwife or other medical provider.
- 54 (2) Such policy shall provide additional benefits for:
- 55 (A) Comprehensive [ultrasound screening] diagnostic and screening  
56 ultrasounds of an entire breast or breasts if:
- 57 (i) A mammogram demonstrates heterogeneous or dense breast  
58 tissue based on the Breast Imaging Reporting and Data System  
59 established by the American College of Radiology; or
- 60 (ii) [a woman] An insured is believed to be at increased risk for breast  
61 cancer due to:
- 62 (I) A family history or prior personal history of breast cancer; [,]
- 63 (II) [positive] Positive genetic testing [, or (III) other] for the harmful  
64 variant of breast cancer gene one, breast cancer gene two or any other  
65 gene that materially increases the insured's risk for breast cancer;
- 66 (III) Prior treatment for a childhood cancer if the course of treatment  
67 for the childhood cancer included radiation therapy directed at the

68 chest; or

69 (IV) Other indications as determined by [a woman's] the insured's  
70 physician, [physician assistant or advanced practice registered nurse; or  
71 (iii) such screening is recommended by a woman's treating physician for  
72 a woman who (I) is forty years of age or older, (II) has a family history  
73 or prior personal history of breast cancer, or (III) has a prior personal  
74 history of breast disease diagnosed through biopsy as benign; and]  
75 advanced practice registered nurse, physician's assistant, certified nurse  
76 midwife or other medical provider;

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

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

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

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

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

87 (III) Prior treatment for a childhood cancer if the course of treatment  
88 for the childhood cancer included radiation therapy directed at the  
89 chest; or

90 (IV) Other indications as determined by the insured's physician,  
91 advanced practice registered nurse, physician's assistant, certified nurse  
92 midwife or other medical provider;

93 (C) Breast biopsies;

94 (D) Prophylactic mastectomies for an insured who is believed to be at  
95 increased risk for breast cancer due to positive genetic testing for the

96 harmful variant of breast cancer gene one, breast cancer gene two or any  
97 other gene that materially increases the insured's risk for breast cancer;  
98 and

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

100 (i) A prophylactic mastectomy; or

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

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

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

128 your physician's, physician assistant's or advanced practice registered  
129 nurse's office and you should contact your physician, physician  
130 assistant or advanced practice registered nurse if you have any  
131 questions or concerns about this report."

132 Sec. 502. Section 38a-530 of the 2022 supplement to the general  
133 statutes is repealed and the following is substituted in lieu thereof  
134 (*Effective January 1, 2023*):

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), (11) and (12) of section 38a-469  
147 delivered, issued for delivery, renewed, amended or continued in this  
148 state shall provide benefits for diagnostic and screening mammograms  
149 [to any woman covered under the policy] for insureds that are at least  
150 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,] for  
153 [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; or
- 164       (IV) Other indications as determined by the insured's physician,  
165 advanced practice registered nurse, physician's assistant, certified nurse  
166 midwife or other medical provider; and
- 167       (B) [a mammogram, which may be provided by breast tomosynthesis  
168 at the option of the woman covered under the policy,] Mammograms  
169 every year for [any woman] an insured who is: [forty]
- 170       (i) Forty years of age or older; [.] or
- 171       (ii) Younger than forty years of age if the insured is believed to be at  
172 increased risk for breast cancer due to:
- 173       (I) A family history, or prior personal history, of breast cancer;
- 174       (II) Positive genetic testing for the harmful variant of breast cancer  
175 gene one, breast cancer gene two or any other gene that materially  
176 increases the insured's risk for breast cancer;
- 177       (III) Prior treatment for a childhood cancer if the course of treatment  
178 for the childhood cancer included radiation therapy directed at the  
179 chest; or
- 180       (IV) Other indications as determined by the insured's physician,  
181 advanced practice registered nurse, physician's assistant, certified nurse  
182 midwife or other medical provider.
- 183       (2) Such policy shall provide additional benefits for:

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

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

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

191 (I) A family history or prior personal history of breast cancer; ]

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

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

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

206 (B) [Magnetic] Diagnostic and screening magnetic resonance imaging  
207 of an entire breast or breasts: [in]

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

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



- 212 (I) A family history, or prior personal history, of breast cancer;
- 213 (II) Positive genetic testing for the harmful variant of breast cancer  
214 gene one, breast cancer gene two or any other gene that materially  
215 increases the insured's risk for breast cancer;
- 216 (III) Prior treatment for a childhood cancer if the course of treatment  
217 for the childhood cancer included radiation therapy directed at the  
218 chest; or
- 219 (IV) Other indications as determined by the insured's physician,  
220 advanced practice registered nurse, physician's assistant, certified nurse  
221 midwife or other medical provider;
- 222 (C) Breast biopsies;
- 223 (D) Prophylactic mastectomies for an insured who is believed to be at  
224 increased risk for breast cancer due to positive genetic testing for the  
225 harmful variant of breast cancer gene one, breast cancer gene two or any  
226 other gene that materially increases the insured's risk for breast cancer;  
227 and
- 228 (E) Breast reconstructive surgery for an insured who has undergone:
- 229 (i) A prophylactic mastectomy; or
- 230 (ii) A mastectomy as part of the insured's course of treatment for  
231 breast cancer.
- 232 (c) Benefits under this section shall be subject to any policy provisions  
233 that apply to other services covered by such policy, except that no such  
234 policy shall impose a coinsurance, copayment, deductible or other out-  
235 of-pocket expense for such benefits. The provisions of this subsection  
236 shall apply to a high deductible health plan, as that term is used in  
237 subsection (f) of section 38a-520, to the maximum extent permitted by  
238 federal law, except if such plan is used to establish a medical savings  
239 account or an Archer MSA pursuant to Section 220 of the Internal  
240 Revenue Code of 1986 or any subsequent corresponding internal

241 revenue code of the United States, as amended from time to time, or a  
242 health savings account pursuant to Section 223 of said Internal Revenue  
243 Code, as amended from time to time, the provisions of this subsection  
244 shall apply to such plan to the maximum extent that (1) is permitted by  
245 federal law, and (2) does not disqualify such account for the deduction  
246 allowed under said Section 220 or 223, as applicable.

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

261 Sec. 503. (NEW) (*Effective January 1, 2023*) (a) For purposes of this  
262 section:

263 (1) "At risk for ovarian cancer" means:

264 (A) Having a family history:

265 (i) With one or more first degree blood relatives, including a parent,  
266 sibling or child, or one or more second degree blood relatives, including  
267 an aunt, uncle, grandparent, grandchild, niece, nephew, half-brother or  
268 half-sister with ovarian or breast cancer; or

269 (ii) Of nonpolyposis colorectal cancer; or

270 (B) Positive genetic testing for the harmful variant of breast cancer

271 gene one, breast cancer gene two or any other gene variant that  
272 materially increases the insured's risk for breast cancer, ovarian cancer  
273 or any other gynecological cancers.

274 (2) "Surveillance tests for ovarian cancer" means annual screening  
275 using:

276 (A) CA-125 serum tumor marker testing;

277 (B) Transvaginal ultrasound;

278 (C) Pelvic examination; or

279 (D) Other ovarian cancer screening tests currently being evaluated by  
280 the United States Food and Drug Administration or by the National  
281 Cancer Institute.

282 (b) Each individual health insurance policy providing coverage of the  
283 type specified in subdivisions (1), (2), (4), (10), (11) and (12) of section  
284 38a-469 of the general statutes delivered, issued for delivery, renewed,  
285 amended or continued in this state shall provide benefits for:

286 (1) Genetic testing for insureds having a family history of breast or  
287 ovarian cancer;

288 (2) Routine screening procedures for ovarian cancer and the office or  
289 facility visit for such screening, including surveillance tests for ovarian  
290 cancer for insureds who are at risk for ovarian cancer, when ordered or  
291 provided by a physician in accordance with the standard practice of  
292 medicine;

293 (3) CA-125 monitoring of ovarian cancer subsequent to treatment;  
294 and

295 (4) Genetic testing of the breast cancer gene one, breast cancer gene  
296 two, any other gene variant that materially increases the insured's risk  
297 for breast and ovarian cancer or any other gynecological cancer to detect  
298 an increased risk for breast and ovarian cancer when recommended by

299 a health care provider in accordance with the United States Preventive  
300 Services Task Force recommendations for testing.

301 (c) Benefits under this section shall be subject to any policy provisions  
302 that apply to other services covered by such policy, except that no such  
303 policy shall impose a coinsurance, copayment, deductible or other out-  
304 of-pocket expense for such benefits. The provisions of this subsection  
305 shall apply to a high deductible health plan, as that term is used in  
306 subsection (f) of section 38a-520 of the general statutes, to the maximum  
307 extent permitted by federal law, except if such plan is used to establish  
308 a medical savings account or an Archer MSA pursuant to Section 220 of  
309 the Internal Revenue Code of 1986 or any subsequent corresponding  
310 internal revenue code of the United States, as amended from time to  
311 time, or a health savings account pursuant to Section 223 of said Internal  
312 Revenue Code, as amended from time to time, the provisions of this  
313 subsection shall apply to such plan to the maximum extent that (1) is  
314 permitted by federal law, and (2) does not disqualify such account for  
315 the deduction allowed under said Section 220 or 223, as applicable.

316 Sec. 504. (NEW) (*Effective January 1, 2023*) (a) For purposes of this  
317 section:

318 (1) "At risk for ovarian cancer" means:

319 (A) Having a family history:

320 (i) With one or more first degree blood relatives, including a parent,  
321 sibling or child, or one or more second degree blood relatives, including  
322 an aunt, uncle, grandparent, grandchild, niece, nephew, half-brother or  
323 half-sister with ovarian or breast cancer; or

324 (ii) Of nonpolyposis colorectal cancer; or

325 (B) Positive genetic testing for the harmful variant of breast cancer  
326 gene one, breast cancer gene two or any other gene variant that  
327 materially increases the insured's risk for breast cancer, ovarian cancer  
328 or any other gynecological cancers.

329 (2) "Surveillance tests for ovarian cancer" means annual screening  
330 using:

331 (A) CA-125 serum tumor marker testing;

332 (B) Transvaginal ultrasound;

333 (C) Pelvic examination; or

334 (D) Other ovarian cancer screening tests currently being evaluated by  
335 the United States Food and Drug Administration or by the National  
336 Cancer Institute.

337 (b) Each group health insurance policy providing coverage of the  
338 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
339 of the general statutes delivered, issued for delivery, renewed, amended  
340 or continued in this state shall provide benefits for:

341 (1) Genetic testing for insureds having a family history of breast or  
342 ovarian cancer;

343 (2) Routine screening procedures for ovarian cancer and the office or  
344 facility visit for such screening, including surveillance tests for ovarian  
345 cancer for insureds who are at risk for ovarian cancer, when ordered or  
346 provided by a physician in accordance with the standard practice of  
347 medicine;

348 (3) CA-125 monitoring of ovarian cancer subsequent to treatment;  
349 and

350 (4) Genetic testing of the breast cancer gene one, breast cancer gene  
351 two, any other gene variant that materially increases the insured's risk  
352 for breast and ovarian cancer or any other gynecological cancer to detect  
353 an increased risk for breast and ovarian cancer when recommended by  
354 a health care provider in accordance with the United States Preventive  
355 Services Task Force recommendations for testing.

356 (c) Benefits under this section shall be subject to any policy provisions

357 that apply to other services covered by such policy, except that no such  
 358 policy shall impose a coinsurance, copayment, deductible or other out-  
 359 of-pocket expense for such benefits. The provisions of this subsection  
 360 shall apply to a high deductible health plan, as that term is used in  
 361 subsection (f) of section 38a-520 of the general statutes, to the maximum  
 362 extent permitted by federal law, except if such plan is used to establish  
 363 a medical savings account or an Archer MSA pursuant to Section 220 of  
 364 the Internal Revenue Code of 1986 or any subsequent corresponding  
 365 internal revenue code of the United States, as amended from time to  
 366 time, or a health savings account pursuant to Section 223 of said Internal  
 367 Revenue Code, as amended from time to time, the provisions of this  
 368 subsection shall apply to such plan to the maximum extent that (1) is  
 369 permitted by federal law, and (2) does not disqualify such account for  
 370 the deduction allowed under said Section 220 or 223, as applicable."

This act shall take effect as follows and shall amend the following sections:		
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Sec. 501	<i>January 1, 2023</i>	38a-503
Sec. 502	<i>January 1, 2023</i>	38a-530
Sec. 503	<i>January 1, 2023</i>	New section
Sec. 504	<i>January 1, 2023</i>	New section