AN ACT CONCERNING REQUIRED HEALTH INSURANCE COVERAGE FOR BREAST HEALTH BENEFITS.

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

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 Section 38a-503 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2023):

(a) For purposes of this section:

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

(2) "Mammogram" means mammographic examination or breast tomosynthesis, including, but not limited to, a procedure with a HCPCS code of 77051, 77052, 77055, 77056, 77057, 77063, 77065, 77066, 77067, G0202, G0204, G0206 or G0279, or any subsequent corresponding code.
(b) (1) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (10), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state shall provide benefits for diagnostic and screening mammograms [to any woman covered under the policy] for insureds that are at least equal to the following minimum requirements:

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

(i) Thirty-five to thirty-nine years of age, inclusive; [and] or
(ii) Younger than thirty-five years of age if the insured is believed to be at increased risk for breast cancer due to:

(I) A family history of breast cancer;
(II) Positive genetic testing for the harmful variant of breast cancer gene one, breast cancer gene two or any other gene variant that materially increases the insured's risk for breast cancer;
(III) Prior treatment for a childhood cancer if the course of treatment for the childhood cancer included radiation therapy directed at the chest; or
(IV) Other indications as determined by the insured's physician, advanced practice registered nurse, physician's assistant, certified nurse midwife or other medical provider; and

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

(i) Forty years of age or older; [.] or
(ii) Younger than forty years of age if the insured is believed to be at increased risk for breast cancer due to:
(I) A family history, or prior personal history, of breast cancer;

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

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

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

(2) Such policy shall provide additional benefits for:

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

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

(ii) An insured is believed to be at increased risk for breast cancer due to:

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

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

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

(IV) Other indications as determined by the insured's physician, physician assistant or advanced practice registered nurse; or (iii) such screening is recommended by a woman's treating physician.
physician for a woman who (I) is forty 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] advanced practice registered nurse, physician's assistant,
certified nurse midwife or other medical provider;

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

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

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

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

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

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

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

(C) Breast biopsies;

(D) Prophylactic mastectomies for an insured who is believed to be at
increased risk for breast cancer due to positive genetic testing for the
harmful variant of breast cancer gene one, breast cancer gene two or any
other gene that materially increases the insured's risk for breast cancer; and
(E) Breast reconstructive surgery for an insured who has undergone:

(i) A prophylactic mastectomy; or

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

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

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

Sec. 2. Section 38a-530 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2023):

(a) For purposes of this section:

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

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

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

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

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

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

(I) A family history of breast cancer;

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

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

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

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

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

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

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

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

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

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

(2) Such policy shall provide additional benefits for:

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

(i) A mammogram demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and Data System
An insured is believed to be at increased risk for breast cancer due to:

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

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

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

[(III) other] (IV) Other indications as determined by [a woman's] the insured's physician, [physician assistant or advanced practice registered nurse; or (iii) such screening is recommended by a woman's treating physician for a woman who (I) is forty 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] advanced practice registered nurse, physician's assistant, certified nurse midwife or other medical provider;

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

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

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

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

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

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

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

(C) Breast biopsies;

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

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

(i) A prophylactic mastectomy; or

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

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

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

This act shall take effect as follows and shall amend the following sections:

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<td>1</td>
<td>January 1, 2023</td>
<td>38a-503</td>
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<td>Sec. 2</td>
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Statement of Purpose:
To expand health insurance requirements for treatment used to
diagnose breast cancer.

[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.]