



Senate

General Assembly

File No. 548

January Session, 2001

Substitute Senate Bill No. 130

Senate, May 2, 2001

The Committee on Appropriations reported through SEN. CRISCO of the 17th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING MAMMOGRAMS.

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

1 Section 1. Section 38a-503 of the general statutes is repealed and the
2 following is substituted in lieu thereof:

3 [Every] Each individual health insurance policy providing coverage
4 of the type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12)
5 of section 38a-469 delivered, issued for delivery, [or] renewed,
6 amended or continued in this state on or after October 1, [1988] 2001,
7 shall provide benefits for mammographic examinations to any woman
8 covered under the policy which are at least equal to the following
9 minimum requirements: (1) A baseline mammogram for any woman
10 who is thirty-five to thirty-nine years of age, inclusive; and (2) a
11 mammogram every [two years for any woman who is forty to forty-
12 nine years of age, inclusive, or more frequently if recommended by the
13 woman's physician; and (3) a mammogram every] year for any woman
14 who is [fifty] forty years of age or older. Such benefits shall be subject

15 to any policy provisions which apply to other services covered by such
16 policy.

17 Sec. 2. Section 38a-530 of the general statutes is repealed and the
18 following is substituted in lieu thereof:

19 Each group health insurance policy providing coverage of the type
20 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
21 delivered, issued for delivery, [or] renewed, amended or continued in
22 this state on or after October 1, [1988] 2001, shall provide benefits for
23 mammographic examinations to any woman covered under the policy
24 which are at least equal to the following minimum requirements: (1) A
25 baseline mammogram for any woman who is thirty-five to thirty-nine
26 years of age, inclusive; and (2) a mammogram every [two years for any
27 woman who is forty to forty-nine years of age, inclusive, or more
28 frequently if recommended by the woman's physician; and (3) a
29 mammogram every] year for any woman who is [fifty] forty years of
30 age or older. Such benefits shall be subject to any policy provisions
31 which apply to other services covered by such policy.

32 Sec. 3. (NEW) The Commissioner of Social Services, to the extent
33 permitted by federal law, shall amend the Medicaid state plan to
34 provide coverage for mammographic examinations for any woman
35 eligible for Medicaid that is at least equal to the following minimum
36 requirements: (1) A baseline mammogram for any such woman who is
37 thirty-five to thirty-nine years of age, inclusive; and (2) a mammogram
38 every year for any such woman who is forty years of age or older.

PH Joint Favorable Subst. C/R

APP

APP Joint Favorable

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

- State Impact:** None
- Affected Agencies:** Department of Social Services
- Municipal Impact:** Potential Cost

Explanation

State Impact:

The first two sections of this bill have no fiscal impact to the state as an employer because the state employees' health plans currently provide the coverage mandated by the bill.

Section 3 of this bill requires the Medicaid program to have minimum standards that provide a baseline mammogram for all program recipients between 35 and 39 years of age and requires Medicaid to provide an annual mammogram after the age of forty. Currently, the state imposes no age or frequency limitations on mammograms for Medicaid recipients enrolled in the state Medicaid plan. Therefore, no fiscal impact is anticipated.

Municipal Impact:

To the extent that this bill requires coverage in excess of that included in current municipal health plans, additional costs to the municipalities may result.

OLR Bill Analysis

sSB 130

AN ACT CONCERNING MAMMOGRAMS.**SUMMARY:**

This bill expands coverage of mammograms by certain individual and group health insurers by requiring coverage of an annual mammogram beginning at age 40 instead of 50. Current law requires coverage of a baseline mammogram for women age 35 to 39: a mammogram every two years for women age 40 to 49, or more frequently if recommended by a physician; and an annual mammogram for women age 50 and older. These coverage requirements apply to individual and group hospital and medical service plans offered by HMOs and health insurance policies that offer the following types of coverage: (1) basic hospital expense; (2) basic medical-surgical expense; (3) major medical expense; (4) accident only; (5) limited health benefit coverage; and (6) hospital or medical expense. The plans and policies affected are those issued for delivery, renewed, amended or continued in the state beginning October 1, 2001.

The bill directs the Department of Social Services commissioner to amend the state Medicaid plan, to the extent allowed by federal law, to provide mammogram coverage to Medicaid-eligible women equivalent to that outlined above.

EFFECTIVE DATE: October 1, 2001

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute Change of Reference

Yea 25 Nay 0

Appropriations Committee

Joint Favorable Report
Yea 51 Nay 0