



Senate

General Assembly

File No. 35

February Session, 2006

Senate Bill No. 422

Senate, March 20, 2006

The Committee on Insurance and Real Estate reported through SEN. CRISCO of the 17th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR BREAST CANCER SCREENING.

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

1 Section 1. Section 38a-503 of the 2006 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective October 1, 2006*):

4 (a) Each individual health insurance policy providing coverage of
5 the type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of
6 section 38a-469 delivered, issued for delivery, renewed, amended or
7 continued in this state on or after October 1, 2001, shall provide
8 benefits for mammographic examinations to any woman covered
9 under the policy which are at least equal to the following minimum
10 requirements: (1) A baseline mammogram for any woman who is
11 thirty-five to thirty-nine years of age, inclusive; and (2) a mammogram
12 every year for any woman who is forty years of age or older. Such
13 policy shall provide additional benefits for comprehensive ultrasound
14 screening of an entire breast or breasts if [such screening is

15 recommended by a physician for a woman classified as a category 2, 3,
16 4 or 5 under] a mammogram demonstrates heterogeneous or dense
17 breast tissue based on the Breast Imaging Reporting and Data System
18 established by the American College of Radiology or if a woman is
19 believed to be at increased risk for breast cancer due to family history
20 or prior personal history of breast cancer, positive genetic testing or
21 other indications as determined by a woman's physician.

22 (b) Benefits under this section shall be subject to any policy
23 provisions that apply to other services covered by such policy.

24 Sec. 2. Section 38a-530 of the 2006 supplement to the general statutes
25 is repealed and the following is substituted in lieu thereof (*Effective*
26 *October 1, 2006*):

27 (a) Each group health insurance policy providing coverage of the
28 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
29 469 delivered, issued for delivery, renewed, amended or continued in
30 this state on or after October 1, 2001, shall provide benefits for
31 mammographic examinations to any woman covered under the policy
32 which are at least equal to the following minimum requirements: (1) A
33 baseline mammogram for any woman who is thirty-five to thirty-nine
34 years of age, inclusive; and (2) a mammogram every year for any
35 woman who is forty years of age or older. Such policy shall provide
36 additional benefits for comprehensive ultrasound screening of an
37 entire breast or breasts if [such screening is recommended by a
38 physician for a woman classified as a category 2, 3, 4 or 5 under] a
39 mammogram demonstrates heterogeneous or dense breast tissue
40 based on the Breast Imaging Reporting and Data System established
41 by the American College of Radiology or if a woman is believed to be
42 at increased risk for breast cancer due to family history or prior
43 personal history of breast cancer, positive genetic testing or other
44 indications as determined by a woman's physician.

45 (b) Benefits under this section shall be subject to any policy
46 provisions that apply to other services covered by such policy.

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

Section 1	<i>October 1, 2006</i>	38a-503
Sec. 2	<i>October 1, 2006</i>	38a-530

INS *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

Municipal Impact:

Municipalities	Effect	FY 07 \$	FY 08 \$
Various Municipalities	Potential Cost	Indeterminate	Indeterminate

Explanation

The bill changes when certain health insurance policies must provide coverage for comprehensive ultrasound screening subject to any policy provisions applicable to other covered services. The bill is not expected to impact the cost of the state employee health plans based on existing plan provisions.

The bill's impact on municipal health insurance costs will vary based on existing municipal coverage. To the extent that the screening required under the bill is not covered under a municipality's employee health insurance policy, there could be increased municipal premium costs to provide it.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis
SB 422

***AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR
BREAST CANCER SCREENING.***

SUMMARY:

This bill changes when health insurance policies must provide coverage for a comprehensive ultrasound screening of an entire breast or breasts for a woman. Under current law, a policy must provide coverage if a physician recommends the screening for a woman classified as category 2, 3, 4, or 5 on the American College of Radiology's Breast Imaging Reporting and Database System (BI-RADS) mammogram reading scale. The bill instead requires coverage if (1) a mammogram shows heterogeneous or dense breast tissue based on BI-RADS or (2) a woman is considered at an increased breast cancer risk because of family history, her own prior breast cancer history, positive genetic testing, or other indications determined by her physician. As under current law, coverage is subject to any policy provisions applicable to other covered services.

The bill applies to individual and group health insurance policies that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; and (4) hospital or medical services, including those provided by HMOs. The bill also applies to individual policies that cover (1) accidents only and (2) limited benefits.

EFFECTIVE DATE: October 1, 2006

BACKGROUND

BI-RADS Categories

The American College of Radiology collaborated with the National

Cancer Institute, the Centers for Disease Control and Prevention, the American Medical Association, and others to develop BI-RADS, which is used to standardize mammography reporting. There are two BI-RADS scales: (1) one characterizes breast density and (2) the other characterizes a radiologist's reading of what he sees on a mammogram.

Density. The BI-RADS scale shown in Table 1 categorizes breast density.

Table 1

Category	Breast Density
1	Having no areas of tissue that could obscure cancer
2	Having at least one area of tissue that could obscure cancer
3	Having tissue that can obscure cancer in 50% to 75% of the breast
4	Having tissue that can obscure cancer in greater than 75% of the breast

Mammogram Reading. The BI-RADS scale shown in Table 2 categorizes specific findings and recommendations based on what a radiologist sees on a mammogram.

Table 2

Category	Finding and Recommendation
0	Need additional imaging evaluation

1	Negative - continue annual mammogram screening
2	Benign (non-cancerous) - continue with annual mammogram screening
3	Probably benign - six-month follow-up mammogram
4	Suspicious abnormality - biopsy should be considered
5	Highly suggestive of malignancy - appropriate action should be taken (e.g., biopsy)

RELATED LAW

Health insurance policies must provide coverage for mammograms at least equal to the following: one initial examination for women ages 35 to 39 and one examination every year for women age 40 and older. Coverage is subject to any policy provisions applicable to other covered services.

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable

Yea 15 Nay 0 (03/09/2006)