



Senate

General Assembly

File No. 89

February Session, 2010

Substitute Senate Bill No. 259

Senate, March 23, 2010

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 substitute bill ought to pass.

AN ACT CONCERNING INSURANCE COVERAGE FOR MAMMOGRAMS.

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

1 Section 1. Section 38a-503 of the 2010 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective January 1, 2011*):

4 (a) (1) Each individual health insurance policy providing coverage
5 of the type specified in subdivisions (1), (2), (4), ~~[(6),]~~ (10), (11) and (12)
6 of 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) A baseline mammogram for any woman who is
11 thirty-five to thirty-nine years of age, inclusive; and ~~[(2)]~~ (B) a
12 mammogram every year for any woman who is forty years of age or
13 older.

14 (2) Such policy shall provide additional benefits for comprehensive
15 ultrasound screening and magnetic resonance imaging, of an entire
16 breast or breasts if a mammogram demonstrates heterogeneous or
17 dense breast tissue based on the Breast Imaging Reporting and Data
18 System established by the American College of Radiology or if a
19 woman is believed to be at increased risk for breast cancer due to
20 family history or prior personal history of breast cancer, positive
21 genetic testing or other indications as determined by a woman's
22 physician or advanced practice registered nurse.

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

25 (c) On and after October 1, 2009, each mammography report
26 provided to a patient shall include information about breast density,
27 based on the Breast Imaging Reporting and Data System established
28 by the American College of Radiology. Where applicable, such report
29 shall include the following notice: "If your mammogram demonstrates
30 that you have dense breast tissue, which could hide small
31 abnormalities, you might benefit from supplementary screening tests,
32 which can include a breast ultrasound screening or a breast MRI
33 examination, or both, depending on your individual risk factors. A
34 report of your mammography results, which contains information
35 about your breast density, has been sent to your physician's office and
36 you should contact your physician if you have any questions or
37 concerns about this report."

38 Sec. 2. Section 38a-530 of the 2010 supplement to the general statutes
39 is repealed and the following is substituted in lieu thereof (*Effective*
40 *January 1, 2011*):

41 (a) (1) Each group health insurance policy providing coverage of the
42 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
43 469 delivered, issued for delivery, renewed, amended or continued in
44 this state [on or after October 1, 2001,] shall provide benefits for
45 mammographic examinations to any woman covered under the policy
46 which are at least equal to the following minimum requirements: [(1)]

47 (A) A baseline mammogram for any woman who is thirty-five to
48 thirty-nine years of age, inclusive; and [(2)] (B) a mammogram every
49 year for any woman who is forty years of age or older.

50 (2) Such policy shall provide additional benefits for comprehensive
51 ultrasound screening and magnetic resonance imaging, of an entire
52 breast or breasts if a mammogram demonstrates heterogeneous or
53 dense breast tissue based on the Breast Imaging Reporting and Data
54 System established by the American College of Radiology or if a
55 woman is believed to be at increased risk for breast cancer due to
56 family history or prior personal history of breast cancer, positive
57 genetic testing or other indications as determined by a woman's
58 physician or advanced practice registered nurse.

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

61 (c) On and after October 1, 2009, each mammography report
62 provided to a patient shall include information about breast density,
63 based on the Breast Imaging Reporting and Data System established
64 by the American College of Radiology. Where applicable, such report
65 shall include the following notice: "If your mammogram demonstrates
66 that you have dense breast tissue, which could hide small
67 abnormalities, you might benefit from supplementary screening tests,
68 which can include a breast ultrasound screening or a breast MRI
69 examination, or both, depending on your individual risk factors. A
70 report of your mammography results, which contains information
71 about your breast density, has been sent to your physician's office and
72 you should contact your physician if you have any questions or
73 concerns about this report."

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2011	38a-503
Sec. 2	January 1, 2011	38a-530

INS *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact:

Municipalities	Effect	FY 11 \$	FY 12 \$
Various Municipalities	STATE MANDATE - Cost	Potential	Potential

Explanation

This mandate is not anticipated to impact the state employee and retiree health plan. The state health plan currently provides coverage for diagnostic x-ray or imaging studies.

The mandate requires coverage of MRIs if a mammogram shows dense breast tissue or if a woman is considered at an increased breast cancer risk due to a variety of circumstances specified by the bill.

The mandate's provisions may increase costs to certain fully insured municipal plans which currently do not cover MRIs at the required level. The coverage requirements may result in increased premium costs when municipalities enter into new health insurance contracts after January 1, 2011. Due to federal law, municipalities with self-insured health plans are exempt from state health insurance benefit mandates.

The Out Years

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

Sources: Municipal Employees Health Insurance Plan (MEHIP) Schedule of Benefits, State

Employee Health Plan Subscriber Agreement.

OLR Bill Analysis**sSB 259*****AN ACT CONCERNING INSURANCE COVERAGE FOR MAMMOGRAMS.*****SUMMARY:**

This bill requires health insurance policies to cover magnetic resonance imaging (MRI) of a woman's entire breast or breasts if (1) a mammogram shows heterogeneous or dense breast tissue based on the American College of Radiology's Breast Imaging Reporting and Database System (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 or advanced-practice registered nurse.

By law, policies must cover breast ultrasounds for the same reasons. Policies must also cover a baseline mammogram for a woman age 35 to 39 and a yearly mammogram for a woman age 40 or older. Coverage is subject to any policy provisions applying to other services covered under the policy.

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 makes technical corrections.

EFFECTIVE DATE: January 1, 2011

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 or she 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 or surgery)
6	Known, biopsy-proven malignancy – appropriate action should be taken

Related Law

State law limits the copayments for MRIs to \$75 for one and \$375 for all MRIs annually (CGS §§ 38a-511 and 38a-550). The copayment limit does not apply (1) if the physician ordering the imaging service performs it or is in the same practice group as the physician who performs it and (2) to high deductible health plans designed to be compatible with federally qualified health savings accounts.

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 18 Nay 1 (03/09/2010)