



Senate

General Assembly

File No. 55

January Session, 2011

Substitute Senate Bill No. 10

Senate, March 14, 2011

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 BREAST MAGNETIC RESONANCE IMAGING.

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

1 Section 1. Subsection (a) of section 38a-503 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *January 1, 2012*):

4 (a) [Each] On and after January 1, 2012, and until December 31,
5 2013, each individual health insurance policy providing coverage of
6 the type specified in subdivisions (1), (2), (4), [(6),] (10), (11) and (12) of
7 section 38a-469 delivered, issued for delivery, renewed, amended or
8 continued in this state [on or after October 1, 2001,] shall provide:
9 [benefits]

10 (1) Benefits for mammographic examinations to any woman
11 covered under the policy which are at least equal to the following
12 minimum requirements: [(1)] (A) A baseline mammogram for any
13 woman who is thirty-five to thirty-nine years of age, inclusive; and

14 [(2)] (B) a mammogram every year for any woman who is forty years
15 of age or older; [.] and

16 (2) [Such policy shall provide additional] Additional benefits for
17 comprehensive ultrasound screening and magnetic resonance imaging,
18 of an entire breast or breasts [if a mammogram demonstrates
19 heterogeneous or dense breast tissue based on the Breast Imaging
20 Reporting and Data System established by the American College of
21 Radiology or if a woman is believed to be at increased risk for breast
22 cancer due to family history or prior personal history of breast cancer,
23 positive genetic testing or other indications as determined by a
24 woman's physician or advanced practice registered nurse] in
25 accordance with guidelines established by the National
26 Comprehensive Cancer Network, the American Cancer Society or the
27 American Society of Clinical Oncology.

28 Sec. 2. Subsection (a) of section 38a-530 of the general statutes is
29 repealed and the following is substituted in lieu thereof (*Effective*
30 *January 1, 2012*):

31 (a) [Each] On and after January 1, 2012, and until December 31,
32 2013, each group health insurance policy providing coverage of the
33 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
34 469 delivered, issued for delivery, renewed, amended or continued in
35 this state [on or after October 1, 2001,] shall provide: [benefits]

36 (1) Benefits for mammographic examinations to any woman
37 covered under the policy which are at least equal to the following
38 minimum requirements: [(1)] (A) A baseline mammogram for any
39 woman who is thirty-five to thirty-nine years of age, inclusive; and
40 [(2)] (B) a mammogram every year for any woman who is forty years
41 of age or older; [.] and

42 (2) [Such policy shall provide additional] Additional benefits for
43 comprehensive ultrasound screening and magnetic resonance imaging,
44 of an entire breast or breasts [if a mammogram demonstrates
45 heterogeneous or dense breast tissue based on the Breast Imaging

46 Reporting and Data System established by the American College of
47 Radiology or if a woman is believed to be at increased risk for breast
48 cancer due to family history or prior personal history of breast cancer,
49 positive genetic testing or other indications as determined by a
50 woman's physician or advanced practice registered nurse] in
51 accordance with guidelines established by the National
52 Comprehensive Cancer Network, the American Cancer Society or the
53 American Society of Clinical Oncology.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2012	38a-503(a)
Sec. 2	January 1, 2012	38a-530(a)

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 in FY 12 and FY 13; See below for Out Years Impact

Municipal Impact:

Municipalities	Effect	FY 12 \$	FY 13 \$
Various Municipalities	STATE MANDATE - Cost	Potential	Potential

Explanation

The bill results in no fiscal impact to the state in FY 12 and FY 13. The state employee health plan currently provides coverage for magnetic resonance imaging (MRI) of the breast in accordance with the guidelines set forth by the associations named in the bill.

The bill's provisions may increase costs to certain fully insured municipal plans that do not currently provide the coverage mandated. The coverage requirements may result in increased premium costs when municipalities enter into new health insurance contracts. For fully insured municipal plans who do not contract on an annual basis and whose contracts would not be renewed within the effective period stipulated in the bill, the mandated coverage may not apply. Due to federal law, municipalities with self-insured plans are exempt from state health insurance benefit mandates.

Many municipal health plans are recognized as "grandfathered" health plans under the Patient Protection and Affordability Act (PPACA)¹. It is unclear what effect the adoption of certain health

¹ Grandfathered plans include most group insurance plans and some individual health plans created or purchased on or before March 23, 2010. Pursuant to the

mandates will have on the grandfathered status municipal plans PPACA².

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future for municipal plans that decide to continue coverage beyond December 31, 2013 or until the end of their health plan contract thereafter. There may be a potential cost to the state if the guidelines put forth by the associations change the scope or course of treatment currently covered by the state employee health plan, and if the revised course of treatment were voluntarily adopted by the state's self-insured employee health plan.

PPACA, all health plans, including those with grandfathered status are required to provide the following as of September 23, 2010: 1) No lifetime limits on coverage, 2) No rescissions of coverage when individual gets sick or has previously made an unintentional error on an application, and 3) Extension of parents' coverage to young adults until age 26. (www.healthcare.gov)

² According to the PPACA, compared to the plans' policies as of March 23, 2010, grandfathered plans who make any of the following changes within a certain margin may lose their grandfathered status: 1) Significantly cut or reduce benefits, 2) Raise co-insurance charges, 3) Significantly raise co-payment charges, 4) Significantly raise deductibles, 5) Significantly lower employer contributions, and 5) Add or tighten annual limits on what insurer pays. (www.healthcare.gov)

OLR Bill Analysis**sSB 10*****AN ACT CONCERNING INSURANCE COVERAGE FOR BREAST MAGNETIC RESONANCE IMAGING.*****SUMMARY:**

This bill requires certain health insurance policies to cover magnetic resonance imaging (MRI) of a woman's entire breast or breasts in accordance with guidelines established by the National Comprehensive Cancer Network, American Cancer Society, or American Society of Clinical Oncology.

The bill changes when certain health insurance policies must cover ultrasound screening of a woman's entire breast or breasts. It requires coverage of breast ultrasound screening in accordance with guidelines established by the organizations listed above. Under current law, the policies must cover breast ultrasound screening if (1) a mammogram shows heterogeneous or dense breast tissue based on the American College of Radiology's Breast Imaging Reporting and Database System 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 a baseline mammogram for a woman age 35 to 39 and a yearly mammogram for a woman age 40 or older.

The bill sunsets the mammogram, ultrasound, and MRI coverage requirements on December 31, 2013.

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. It removes an erroneous reference to accident only policies. (Due to the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.)

EFFECTIVE DATE: January 1, 2012

BACKGROUND

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.

Related Bill

SB 848 (File 12) prohibits insurers and HMOs from imposing copayments, coinsurance, deductible, or other out-of-pocket expenses for a breast ultrasound screening under certain insurance policies.

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 12 Nay 6 (02/24/2011)