



General Assembly

**Amendment**

January Session, 2011

LCO No. 5940

**\*SB0092305940SD0\***

Offered by:

SEN. CRISCO, 17<sup>th</sup> Dist.

REP. MEGNA, 97<sup>th</sup> Dist.

To: Subst. Senate Bill No. 923

File No. 221

Cal. No. 165

**"AN ACT CONCERNING THE AMERICAN COLLEGE OF RADIOLOGY AND COLORECTAL CANCER SCREENING RECOMMENDATIONS."**

1 After the last section, add the following and renumber sections and  
2 internal references accordingly:

3 "Sec. 501. Section 38a-503 of the general statutes is repealed and the  
4 following is substituted in lieu thereof (*Effective January 1, 2012*):

5 (a) 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 for mammographic examinations to any woman covered  
10 under the policy which are at least equal to the following minimum  
11 requirements: (1) A baseline mammogram for any woman who is  
12 thirty-five to thirty-nine years of age, inclusive; and (2) a mammogram  
13 every year for any woman who is forty years of age or older.

14       **(b)** Such policy shall:

15       [provide] **(1)** Provide additional benefits for comprehensive  
16 ultrasound screening of an entire breast or breasts if a mammogram  
17 demonstrates heterogeneous or dense breast tissue based on the Breast  
18 Imaging Reporting and Data System established by the American  
19 College of Radiology or if a woman is believed to be at increased risk  
20 for breast cancer due to family history or prior personal history of  
21 breast cancer, positive genetic testing or other indications as  
22 determined by a woman's physician or advanced practice registered  
23 nurse; and

24       **(2)** Not impose a coinsurance, copayment, deductible or other out-  
25 of-pocket expense for such ultrasound screening, except that a high  
26 deductible health plan, as that term is used in subsection (f) of section  
27 38a-493, shall not be subject to this subdivision.

28       [(b) Benefits] **(c)** Except as specified under subdivision (2) of  
29 subsection (b) of this section, benefits under this section shall be  
30 subject to any policy provisions that apply to other services covered by  
31 such policy.

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

45       Sec. 502. Section 38a-530 of the general statutes is repealed and the

46 following is substituted in lieu thereof (*Effective January 1, 2012*):

47 (a) Each group health insurance policy providing coverage of the  
48 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-  
49 469 delivered, issued for delivery, renewed, amended or continued in  
50 this state [on or after October 1, 2001,] shall provide benefits for  
51 mammographic examinations to any woman covered under the policy  
52 which are at least equal to the following minimum requirements: (1) A  
53 baseline mammogram for any woman who is thirty-five to thirty-nine  
54 years of age, inclusive; and (2) a mammogram every year for any  
55 woman who is forty years of age or older.

56 (b) Such policy shall:

57 [provide] (1) Provide additional benefits for comprehensive  
58 ultrasound screening of an entire breast or breasts if a mammogram  
59 demonstrates heterogeneous or dense breast tissue based on the Breast  
60 Imaging Reporting and Data System established by the American  
61 College of Radiology or if a woman is believed to be at increased risk  
62 for breast cancer due to family history or prior personal history of  
63 breast cancer, positive genetic testing or other indications as  
64 determined by a woman's physician or advanced practice registered  
65 nurse; and

66 (2) Not impose a coinsurance, copayment, deductible or other out-  
67 of-pocket expense for such ultrasound screening, except that a high  
68 deductible health plan, as that term is used in subsection (f) of section  
69 38a-520, shall not be subject to this subdivision.

70 [(b) Benefits] (c) Except as specified under subdivision (2) of  
71 subsection (b) of this section, benefits under this section shall be  
72 subject to any policy provisions that apply to other services covered by  
73 such policy.

74 [(c)] (d) On and after October 1, 2009, each mammography report  
75 provided to a patient shall include information about breast density,  
76 based on the Breast Imaging Reporting and Data System established

77 by the American College of Radiology. Where applicable, such report  
78 shall include the following notice: "If your mammogram demonstrates  
79 that you have dense breast tissue, which could hide small  
80 abnormalities, you might benefit from supplementary screening tests,  
81 which can include a breast ultrasound screening or a breast MRI  
82 examination, or both, depending on your individual risk factors. A  
83 report of your mammography results, which contains information  
84 about your breast density, has been sent to your physician's office and  
85 you should contact your physician if you have any questions or  
86 concerns about this report."."