



General Assembly

February Session, 2018

Raised Bill No. 5208

LCO No. 919



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

***AN ACT CONCERNING MAMMOGRAMS, BREAST ULTRASOUNDS
AND MAGNETIC RESONANCE IMAGING OF BREASTS.***

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 Section 38a-503 of the general statutes is repealed and the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 (*Effective January 1, 2019*):

3 (a) For purposes of this section:

4 (1) "Healthcare Common Procedure Coding System" or "HCPCS"
5 means the billing codes used by Medicare and overseen by the federal
6 Centers for Medicare and Medicaid Services that are based on the
7 current procedural technology codes developed by the American
8 Medical Association; and

9 (2) "Mammogram" means mammographic examination or breast
10 tomosynthesis, including, but not limited to, a procedure with a
11 HCPCS code of 77051, 77052, 77055, 77056, 77057, 77063, G0202, G0204,
12 G0206 or G0279, or any subsequent corresponding code.

13 [(a)] (b) (1) Each individual health insurance policy providing

14 coverage of the type specified in subdivisions (1), (2), (4), (10), (11) and
15 (12) of section 38a-469 delivered, issued for delivery, renewed,
16 amended or continued in this state shall provide benefits for
17 [mammographic examinations] mammograms to any woman covered
18 under the policy that are at least equal to the following minimum
19 requirements: (A) A baseline mammogram, which may be provided by
20 breast tomosynthesis at the option of the woman covered under the
21 policy, for any woman who is thirty-five to thirty-nine years of age,
22 inclusive; and (B) a mammogram, which may be provided by breast
23 tomosynthesis at the option of the woman covered under the policy,
24 every year for any woman who is forty years of age or older.

25 (2) Such policy shall provide additional benefits for:

26 (A) Comprehensive ultrasound screening of an entire breast or
27 breasts if a mammogram demonstrates heterogeneous or dense breast
28 tissue based on the Breast Imaging Reporting and Data System
29 established by the American College of Radiology or if a woman is
30 believed to be at increased risk for breast cancer due to family history
31 or prior personal history of breast cancer, positive genetic testing or
32 other indications as determined by a woman's physician or advanced
33 practice registered nurse; and

34 (B) Magnetic resonance imaging of an entire breast or breasts in
35 accordance with guidelines established by the American Cancer
36 Society.

37 [(b)] (c) Benefits under this section shall be subject to any policy
38 provisions that apply to other services covered by such policy, except
39 that no such policy shall impose a copayment [that exceeds a
40 maximum of twenty dollars] or deductible for an ultrasound screening
41 under subparagraph (A) of subdivision (2) of subsection [(a)] (b) of this
42 section. A high deductible plan, as that term is used in subsection (f) of
43 section 38a-493, shall not be subject to the deductible limits set forth in
44 this subsection.

45 [(c)] (d) Each mammography report provided to a patient shall
46 include information about breast density, based on the Breast Imaging
47 Reporting and Data System established by the American College of
48 Radiology. Where applicable, such report shall include the following
49 notice: "If your mammogram demonstrates that you have dense breast
50 tissue, which could hide small abnormalities, you might benefit from
51 supplementary screening tests, which can include a breast ultrasound
52 screening or a breast MRI examination, or both, depending on your
53 individual risk factors. A report of your mammography results, which
54 contains information about your breast density, has been sent to your
55 physician's office and you should contact your physician if you have
56 any questions or concerns about this report."

57 Sec. 2. Section 38a-530 of the general statutes is repealed and the
58 following is substituted in lieu thereof (*Effective January 1, 2019*):

59 (a) For purposes of this section:

60 (1) "Healthcare Common Procedure Coding System" or "HCPCS"
61 means the billing codes used by Medicare and overseen by the federal
62 Centers for Medicare and Medicaid Services that are based on the
63 current procedural technology codes developed by the American
64 Medical Association; and

65 (2) "Mammogram" means mammographic examination or breast
66 tomosynthesis, including, but not limited to, a procedure with a
67 HCPCS code of 77051, 77052, 77055, 77056, 77057, 77063, G0202, G0204,
68 G0206 or G0279, or any subsequent corresponding code.

69 [(a)] (b) (1) Each group health insurance policy providing coverage
70 of the type specified in subdivisions (1), (2), (4), (11) and (12) of section
71 38a-469 delivered, issued for delivery, renewed, amended or continued
72 in this state shall provide benefits for [mammographic examinations]
73 mammograms to any woman covered under the policy that are at least
74 equal to the following minimum requirements: (A) A baseline
75 mammogram, which may be provided by breast tomosynthesis at the

76 option of the woman covered under the policy, for any woman who is
77 thirty-five to thirty-nine years of age, inclusive; and (B) a
78 mammogram, which may be provided by breast tomosynthesis at the
79 option of the woman covered under the policy, every year for any
80 woman who is forty years of age or older.

81 (2) Such policy shall provide additional benefits for:

82 (A) Comprehensive ultrasound screening of an entire breast or
83 breasts if a mammogram demonstrates heterogeneous or dense breast
84 tissue based on the Breast Imaging Reporting and Data System
85 established by the American College of Radiology or if a woman is
86 believed to be at increased risk for breast cancer due to family history
87 or prior personal history of breast cancer, positive genetic testing or
88 other indications as determined by a woman's physician or advanced
89 practice registered nurse; and

90 (B) Magnetic resonance imaging of an entire breast or breasts in
91 accordance with guidelines established by the American Cancer
92 Society.

93 [(b)] (c) Benefits under this section shall be subject to any policy
94 provisions that apply to other services covered by such policy, except
95 that no such policy shall impose a copayment [that exceeds a
96 maximum of twenty dollars] or deductible for an ultrasound screening
97 under subparagraph (A) of subdivision (2) of subsection [(a)] (b) of this
98 section. A high deductible plan, as that term is used in subsection (f) of
99 section 38a-493, shall not be subject to the deductible limits set forth in
100 this subsection.

101 [(c)] (d) Each mammography report provided to a patient shall
102 include information about breast density, based on the Breast Imaging
103 Reporting and Data System established by the American College of
104 Radiology. Where applicable, such report shall include the following
105 notice: "If your mammogram demonstrates that you have dense breast
106 tissue, which could hide small abnormalities, you might benefit from

107 supplementary screening tests, which can include a breast ultrasound
108 screening or a breast MRI examination, or both, depending on your
109 individual risk factors. A report of your mammography results, which
110 contains information about your breast density, has been sent to your
111 physician's office and you should contact your physician if you have
112 any questions or concerns about this report."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2019</i>	38a-503
Sec. 2	<i>January 1, 2019</i>	38a-530

Statement of Purpose:

To (1) redefine mammogram, and (2) eliminate copayments and deductibles for certain breast ultrasounds.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]