



General Assembly

Substitute Bill No. 5208

February Session, 2018



**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 Section 38a-503 of the general statutes is repealed and the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 maximum
40 of twenty dollars for an ultrasound screening under subparagraph (A)
41 of subdivision (2) of subsection ~~[(a)]~~ (b) of this section.

42 ~~[(c)]~~ (d) Each mammography report provided to a patient shall
43 include information about breast density, based on the Breast Imaging
44 Reporting and Data System established by the American College of
45 Radiology. Where applicable, such report shall include the following
46 notice: "If your mammogram demonstrates that you have dense breast
47 tissue, which could hide small abnormalities, you might benefit from
48 supplementary screening tests, which can include a breast ultrasound
49 screening or a breast MRI examination, or both, depending on your
50 individual risk factors. A report of your mammography results, which

51 contains information about your breast density, has been sent to your
52 physician's office and you should contact your physician if you have
53 any questions or concerns about this report."

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 Section 38a-530 of the general statutes is repealed and the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

56 (a) For purposes of this section:

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

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

66 [(a)] (b) (1) Each group health insurance policy providing coverage
67 of the type specified in subdivisions (1), (2), (4), (11) and (12) of section
68 38a-469 delivered, issued for delivery, renewed, amended or continued
69 in this state shall provide benefits for [mammographic examinations]
70 mammograms to any woman covered under the policy that are at least
71 equal to the following minimum requirements: (A) A baseline
72 mammogram, which may be provided by breast tomosynthesis at the
73 option of the woman covered under the policy, for any woman who is
74 thirty-five to thirty-nine years of age, inclusive; and (B) a
75 mammogram, which may be provided by breast tomosynthesis at the
76 option of the woman covered under the policy, every year for any
77 woman who is forty years of age or older.

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

79 (A) Comprehensive ultrasound screening of an entire breast or
80 breasts if a mammogram demonstrates heterogeneous or dense breast

81 tissue based on the Breast Imaging Reporting and Data System
 82 established by the American College of Radiology or if a woman is
 83 believed to be at increased risk for breast cancer due to family history
 84 or prior personal history of breast cancer, positive genetic testing or
 85 other indications as determined by a woman's physician or advanced
 86 practice registered nurse; and

87 (B) Magnetic resonance imaging of an entire breast or breasts in
 88 accordance with guidelines established by the American Cancer
 89 Society.

90 [(b)] (c) Benefits under this section shall be subject to any policy
 91 provisions that apply to other services covered by such policy, except
 92 that no such policy shall impose a copayment that exceeds a maximum
 93 of twenty dollars for an ultrasound screening under subparagraph (A)
 94 of subdivision (2) of subsection [(a)] (b) of this section.

95 [(c)] (d) Each mammography report provided to a patient shall
 96 include information about breast density, based on the Breast Imaging
 97 Reporting and Data System established by the American College of
 98 Radiology. Where applicable, such report shall include the following
 99 notice: "If your mammogram demonstrates that you have dense breast
 100 tissue, which could hide small abnormalities, you might benefit from
 101 supplementary screening tests, which can include a breast ultrasound
 102 screening or a breast MRI examination, or both, depending on your
 103 individual risk factors. A report of your mammography results, which
 104 contains information about your breast density, has been sent to your
 105 physician's office and you should contact your physician if you have
 106 any questions or concerns about this report."

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

INS *Joint Favorable Subst.*

APP *Joint Favorable*