



General Assembly

Amendment

February Session, 2018

LCO No. 4900



Offered by:

REP. KLARIDES, 114th Dist.

REP. SCANLON, 98th Dist.

REP. SAMPSON, 80th Dist.

To: Subst. House Bill No. 5208

File No. 60

Cal. No. 74

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

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Section 38a-503 of the general statutes is repealed and the
4 following is substituted in lieu thereof (*Effective January 1, 2019*):

5 (a) For purposes of this section:

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

11 (2) "Mammogram" means mammographic examination or breast

12 tomosynthesis, including, but not limited to, a procedure with a
13 HCPCS code of 77051, 77052, 77055, 77056, 77057, 77063, 77065, 77066,
14 77067, G0202, G0204, G0206 or G0279, or any subsequent
15 corresponding code.

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

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

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

37 (B) Magnetic resonance imaging of an entire breast or breasts in
38 accordance with guidelines established by the American Cancer
39 Society.

40 [(b)] (c) Benefits under this section shall be subject to any policy
41 provisions that apply to other services covered by such policy, except
42 that no such policy shall impose a copayment that exceeds a maximum
43 of twenty dollars for an ultrasound screening under subparagraph (A)

44 of subdivision (2) of subsection [(a)] (b) of this section.

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, 77065, 77066,
68 77067, G0202, G0204, G0206 or G0279, or any subsequent
69 corresponding code.

70 [(a)] (b) (1) Each group health insurance policy providing coverage
71 of the type specified in subdivisions (1), (2), (4), (11) and (12) of section
72 38a-469 delivered, issued for delivery, renewed, amended or continued
73 in this state shall provide benefits for [mammographic examinations]
74 mammograms to any woman covered under the policy that are at least

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

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

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

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

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

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

107 individual risk factors. A report of your mammography results, which
108 contains information about your breast density, has been sent to your
109 physician's office and you should contact your physician if you have
110 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