AN ACT CONCERNING REQUIRED HEALTH INSURANCE COVERAGE AND COST-SHARING FOR MAMMOGRAMS AND BREAST ULTRASOUNDS.

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

Section 1. Subsections (b) and (c) of section 38a-503 of the general statutes are repealed and the following is substituted in lieu thereof (Effective January 1, 2020):

(b) (1) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (10), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state shall provide benefits for mammograms to any woman covered under the policy that are at least equal to the following minimum requirements: (A) A baseline mammogram, which may be provided by breast tomosynthesis at the option of the woman covered under the policy, for any woman who is [thirty-five to thirty-nine] thirty years of age [, inclusive] or older; and (B) if recommended by such woman's treating physician, a mammogram, which may be provided by breast tomosynthesis at the option of the woman covered...
under the policy, every year for any woman who (i) is [forty] thirty
years of age or older, (ii) has a family history or prior personal history
of breast cancer, or (iii) has a prior personal history of breast disease
diagnosed through biopsy as benign.

(2) Such policy shall provide additional benefits for:

(A) Comprehensive ultrasound screening of an entire breast or
breasts if: [a] (i) A mammogram demonstrates heterogeneous or dense
breast tissue based on the Breast Imaging Reporting and Data System
established by the American College of Radiology; [or if] (ii) a woman
is believed to be at increased risk for breast cancer due to (I) family
history or prior personal history of breast cancer, (II) positive genetic
testing, or (III) other indications as determined by a woman's physician
or advanced practice registered nurse; or (iii) such screening is
recommended by a woman's treating physician for a woman who (I) is
thirty years of age or older, (II) has a family history or prior personal
history of breast cancer, or (III) has a prior personal history of breast
disease diagnosed through biopsy as benign; and

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

(c) Benefits under this section shall be subject to any policy
provisions that apply to other services covered by such policy, except
that no such policy shall impose a coinsurance, copayment, [that
exceeds a maximum of twenty dollars for an ultrasound screening
under subparagraph (A) of subdivision (2) of subsection (b) of this
section] deductible or other out-of-pocket expense for such benefits.
The provisions of this subsection shall apply to a high deductible plan,
as that term is used in subsection (f) of section 38a-493, to the
maximum extent permitted by federal law, except if such plan is used
to establish a health savings account, as that term is used in Section 223
of the Internal Revenue Code of 1986 or any subsequent corresponding
internal revenue code of the United States, as amended from time to
time, the provisions of this subsection shall apply to such plan to the
maximum extent that (1) is permitted by federal law, and (2) does not
disqualify such account for the deduction allowed under said Section
223.

Sec. 2. Subsections (b) and (c) of section 38a-530 of the general
statutes are repealed and the following is substituted in lieu thereof
(Effective January 1, 2020):

(b) (1) Each group health insurance policy providing coverage of the
type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
469 delivered, issued for delivery, renewed, amended or continued in
this state shall provide benefits for mammograms to any woman
covered under the policy that are at least equal to the following
minimum requirements: (A) A baseline mammogram, which may be
provided by breast tomosynthesis at the option of the woman covered
under the policy, for any woman who is [thirty-five to thirty-nine]
years of age [, inclusive] or older; and (B) if recommended by
such woman's treating physician, a mammogram, which may be
provided by breast tomosynthesis at the option of the woman covered
under the policy, every year for any woman who (i) is [forty] thirty
years of age or older, (ii) has a family history or prior personal history
of breast cancer, or (iii) has a prior personal history of breast disease
diagnosed through biopsy as benign.

(2) Such policy shall provide additional benefits for:

(A) Comprehensive ultrasound screening of an entire breast or
breasts if; [a] (i) A mammogram demonstrates heterogeneous or dense
breast tissue based on the Breast Imaging Reporting and Data System
established by the American College of Radiology; [or if] (ii) a woman
is believed to be at increased risk for breast cancer due to (I) family
history or prior personal history of breast cancer, (II) positive genetic
testing, or (III) other indications as determined by a woman's physician
or advanced practice registered nurse; or (iii) such screening is
recommended by a woman's treating physician for a woman who (I) is
thirty years of age or older, (II) has a family history or prior personal history of breast cancer, or (III) has a prior personal history of breast disease diagnosed through biopsy as benign; and

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

(c) Benefits under this section shall be subject to any policy provisions that apply to other services covered by such policy, except that no such policy shall impose a coinsurance, copayment, [that exceeds a maximum of twenty dollars for an ultrasound screening under subparagraph (A) of subdivision (2) of subsection (b) of this section] deductible or other out-of-pocket expense for such benefits. The provisions of this subsection shall apply to a high deductible plan, as that term is used in subsection (f) of section 38a-493, to the maximum extent permitted by federal law, except if such plan is used to establish a health savings account, as that term is used in Section 223 of the Internal Revenue Code of 1986 or any subsequent corresponding internal revenue code of the United States, as amended from time to time, the provisions of this subsection shall apply to such plan to the maximum extent that (1) is permitted by federal law, and (2) does not disqualify such account for the deduction allowed under said Section 223.

This act shall take effect as follows and shall amend the following sections:

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<tr>
<td>1</td>
<td>January 1, 2020</td>
<td>38a-503(b) and (c)</td>
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<td>Sec. 2</td>
<td>January 1, 2020</td>
<td>38a-530(b) and (c)</td>
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Statement of Purpose:
To (1) eliminate cost-sharing for certain mammograms and breast ultrasounds, and (2) require health insurance coverage for (A) a baseline mammogram for any woman who is thirty years of age or older, (B) an annual mammogram for any woman who receives a recommendation from such woman's treating physician and (i)
thirty years of age or older, (ii) has a family history or prior personal history of breast cancer, or (iii) has a prior personal history of breast disease diagnosed through biopsy as benign, and (C) comprehensive breast ultrasound screening for any woman who receives a recommendation from such woman's treating physician and (i) is thirty years of age or older, (ii) has a family history or prior personal history of breast cancer, or (iii) has a prior personal history of breast disease diagnosed through biopsy as benign.

[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.]