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 Subsections (b) and (c) of section 38a-503 of the general statutes are repealed and the following is substituted in lieu thereof (Effective January 1, 2020):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 years of age, inclusive; and (B) 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 is forty years of age or older.

(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
forty 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 medical savings account or an Archer MSA pursuant to
Section 220 of the Internal Revenue Code of 1986 or any subsequent
corresponding internal revenue code of the United States, as amended
from time to time, or a health savings account pursuant to Section 223
of said Internal Revenue Code, 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 220 or 223,
as applicable.

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; and (B) 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 is forty years of age or older.

(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 forty 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-520, to the maximum extent permitted by federal law, except if such plan is used to establish a medical savings account or an Archer MSA pursuant to Section 220 of the Internal Revenue Code of 1986 or any subsequent corresponding internal revenue code of the United States, as amended from time to time, or a health savings account pursuant to Section 223 of said Internal Revenue Code, 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 220 or 223, as applicable.

<table>
<thead>
<tr>
<th>Section</th>
<th>Effective Date</th>
<th>Section(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>January 1, 2020</td>
<td>38a-503(b) and (c)</td>
</tr>
<tr>
<td>Sec. 2</td>
<td>January 1, 2020</td>
<td>38a-530(b) and (c)</td>
</tr>
</tbody>
</table>