
OLR Bill Analysis

sHB 6626 (as amended by House "A")*

AN ACT CONCERNING REQUIRED HEALTH INSURANCE AND MEDICAID COVERAGE, AMBULANCE SERVICES AND COST TRANSPARENCY.

SUMMARY

This bill expands coverage requirements for mammograms, ultrasounds, and magnetic resonance imaging (MRIs) of an insured's breasts under certain commercial health insurance policies. It also requires the policies to cover breast biopsies; certain prophylactic mastectomies; and breast reconstruction surgery, subject to certain conditions.

As under existing law, the bill prohibits the policies from imposing cost sharing (coinsurance, copayments, deductibles, or other out-of-pocket expenses) for the covered services. This cost-sharing prohibition applies to all affected policies, but it only applies to high deductible health plans (1) to the extent federal law permits and (2) so long as it does not disqualify a medical or health savings account from preferable tax treatment.

The bill's requirements apply to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut on or after January 1, 2022, that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; (4) limited benefits; or (5) hospital or medical services, including those provided under an HMO plan. Because of the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

*House Amendment "A" replaces the underlying bill. In doing so, it eliminates various mandated insurance benefits and related provisions.

EFFECTIVE DATE: January 1, 2022

INSURANCE COVERAGE FOR BREAST CANCER SCREENINGS AND RELATED PROCEDURES

Mammograms

Under current law, the affected insurance policies must cover a baseline mammogram for a woman aged 35 to 39 and an annual mammogram for a woman aged 40 or older. The bill instead requires the policies to cover diagnostic and screening mammograms at these age intervals for any insured, male or female.

It also requires the policies to cover a baseline mammogram for an insured who is younger than age 35 and an annual mammogram for an insured who is younger than age 40 if the insured is believed to be at an increased risk for breast cancer due to any of the following:

1. a family breast cancer history (or, if an annual mammogram, a personal breast cancer history);
2. positive genetic testing for the breast cancer gene one (BRCA1), breast cancer gene two (BRCA2), or other gene that materially increases the insured's breast cancer risk;
3. prior childhood cancer treatment that included radiation therapy to the chest;
4. prior or ongoing hormone treatment for gender reassignment;
or
5. other indications the insured's physician or advanced practice registered nurse (APRN) determines.

Breast Ultrasounds

Current law requires the policies to cover a comprehensive breast ultrasound screening if a mammogram demonstrates the woman has dense breast tissue or is at increased risk for breast cancer based on family or personal breast cancer history or other indications her physician or APRN determines.

The bill instead requires the policies to cover both diagnostic and screening breast ultrasounds for any insured whose mammogram demonstrates the insured has dense breast tissue or is at increased breast cancer due to any of the following:

1. a family or personal breast cancer history;
2. positive genetic testing for BRCA1, BRCA2, or other gene that materially increases the insured's breast cancer risk;
3. prior childhood cancer treatment that included radiation therapy to the chest;
4. prior or ongoing hormone treatment for gender reassignment;
or
5. other indications the insured's physician or APRN determines.

Breast MRIs

Current law requires the policies to cover a woman's breast MRI in accordance with American Cancer Society guidelines.

The bill instead requires the policies to cover both diagnostic and screening breast MRIs in accordance with the American Cancer Society guidelines for an insured who is (1) age 35 or older or (2) younger than age 35 who is at increased breast cancer risk due to the same five reasons listed above for ultrasound coverage.

Related Procedures

The bill requires the policies to also cover the following:

1. breast biopsies;
2. prophylactic mastectomies for an insured at increased breast cancer risk due to positive genetic testing for BRCA1, BRCA2, or other gene that materially increases the insured's breast cancer risk; and
3. breast reconstructive surgery for an insured who has had a

prophylactic mastectomy or mastectomy as part of breast cancer treatment.

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 17 Nay 1 (03/22/2021)

Appropriations Committee

Joint Favorable

Yea 32 Nay 15 (05/03/2021)