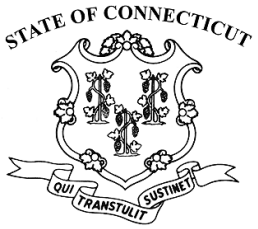

Substitute Senate Bill No. 358

Public Act No. 22-90

AN ACT CONCERNING REQUIRED HEALTH INSURANCE COVERAGE FOR BREAST AND OVARIAN CANCER SUSCEPTIBILITY SCREENING.

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

Section 1. Section 38a-503 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2023*):

(a) For purposes of this section:

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

(2) "Mammogram" means mammographic examination or breast tomosynthesis, including, but not limited to, a procedure with a HCPCS code of 77051, 77052, 77055, 77056, 77057, 77063, 77065, 77066, 77067, G0202, G0204, G0206 or G0279, or any subsequent corresponding code.

(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 diagnostic and screening mammograms **[**to any woman covered under the policy**]** for insureds 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**]** insured covered under the policy, for **[**any woman**]** an insured who is: **[**thirty-five**]**

(i) Thirty-five to thirty-nine years of age, inclusive; **[**and**]** or

(ii) Younger than thirty-five years of age if the insured is believed to be at increased risk for breast cancer due to:

(I) A family history of breast cancer;

(II) Positive genetic testing for the harmful variant of breast cancer gene one, breast cancer gene two or any other gene variant that materially increases the insured's risk for breast cancer;

(III) Prior treatment for a childhood cancer if the course of treatment for the childhood cancer included radiation therapy directed at the chest; or

(IV) Other indications as determined by the insured's physician, advanced practice registered nurse, physician assistant, certified nurse midwife or other medical provider; and

(B) **[**a mammogram**]** Mammograms, which may be provided by breast tomosynthesis at the option of the **[**woman**]** insured covered under the policy**,** every year for **[**any woman**]** an insured who is: **[**forty**]**

(i) Forty years of age or older; **[**.**]** or

(ii) Younger than forty years of age if the insured is believed to be at increased risk for breast cancer due to:

(I) A family history, or prior personal history, of breast cancer;

(II) Positive genetic testing for the harmful variant of breast cancer gene one, breast cancer gene two or any other gene that materially increases the insured's risk for breast cancer;

(III) Prior treatment for a childhood cancer if the course of treatment for the childhood cancer included radiation therapy directed at the chest; or

(IV) Other indications as determined by the insured's physician, advanced practice registered nurse, physician assistant, certified nurse midwife or other medical provider.

(2) Such policy shall provide additional benefits for:

(A) Comprehensive **[**ultrasound screening**]** diagnostic and screening ultrasounds of an entire breast or breasts if:

(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

(ii) **[**a woman**]** An insured is believed to be at increased risk for breast cancer due to:

(I) A family history or prior personal history of breast cancer; **[**,**]**

(II) **[**positive**]** Positive genetic testing **[**, or (III) other**]** for the harmful variant of breast cancer gene one, breast cancer gene two or any other gene that materially increases the insured's risk for breast cancer;

(III) Prior treatment for a childhood cancer if the course of treatment for the childhood cancer included radiation therapy directed at the chest; or

(IV) Other indications as determined by **[**a woman's**]** the insured's physician, **[**physician assistant 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**]** advanced practice registered nurse, physician assistant, certified nurse midwife or other medical provider;

(B) **[**Magnetic**]** Diagnostic and screening magnetic resonance imaging of an entire breast or breasts: **[**in**]**

(i) In accordance with guidelines established by the American Cancer Society **[**.**]** for an insured who is thirty-five years of age or older; or

(ii) If an insured is younger than thirty-five years of age and believed to be at increased risk for breast cancer due to:

(I) A family history, or prior personal history, of breast cancer;

(II) Positive genetic testing for the harmful variant of breast cancer gene one, breast cancer gene two or any other gene that materially increases the insured's risk for breast cancer;

(III) Prior treatment for a childhood cancer if the course of treatment for the childhood cancer included radiation therapy directed at the chest; or

(IV) Other indications as determined by the insured's physician, advanced practice registered nurse, physician assistant, certified nurse midwife or other medical provider;

(C) Breast biopsies;

(D) Prophylactic mastectomies for an insured who is believed to be at increased risk for breast cancer due to positive genetic testing for the

harmful variant of breast cancer gene one, breast cancer gene two or any other gene that materially increases the insured's risk for breast cancer; and

(E) Breast reconstructive surgery for an insured who has undergone:

(i) A prophylactic mastectomy; or

(ii) A mastectomy as part of the insured's course of treatment for breast cancer.

(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, deductible or other out-of-pocket expense for such benefits. The provisions of this subsection shall apply to a high deductible health 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.

(d) Each mammography report provided to **[**a patient**]** an insured shall include information about breast density, based on the Breast Imaging Reporting and Data System established by the American College of Radiology. Where applicable, such report shall include the following notice: "If your mammogram demonstrates that you have dense breast tissue, which could hide small abnormalities, you might benefit from supplementary screening tests, which can include a breast

ultrasound screening or a breast MRI examination, or both, depending on your individual risk factors. A report of your mammography results, which contains information about your breast density, has been sent to your physician's, physician assistant's or advanced practice registered nurse's office and you should contact your physician, physician assistant or advanced practice registered nurse if you have any questions or concerns about this report.".

Sec. 2. Section 38a-530 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2023*):

(a) For purposes of this section:

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

(2) "Mammogram" means mammographic examination or breast tomosynthesis, including, but not limited to, a procedure with a HCPCS code of 77051, 77052, 77055, 77056, 77057, 77063, 77065, 77066, 77067, G0202, G0204, G0206 or G0279, or any subsequent corresponding code.

(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 diagnostic and screening mammograms **[**to any woman covered under the policy**]** for insureds 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**]** insured covered under the policy, for **[**any woman**]** an insured who is: **[**thirty-five**]**

(i) Thirty-five to thirty-nine years of age, inclusive; **[**and**]** or

(ii) Younger than thirty-five years of age if the insured is believed to be at increased risk for breast cancer due to:

(I) A family history of breast cancer;

(II) Positive genetic testing for the harmful variant of breast cancer gene one, breast cancer gene two or any other gene variant that materially increases the insured's risk for breast cancer;

(III) Prior treatment for a childhood cancer if the course of treatment for the childhood cancer included radiation therapy directed at the chest; or

(IV) Other indications as determined by the insured's physician, advanced practice registered nurse, physician assistant, certified nurse midwife or other medical provider; and

(B) **[**a**]** A mammogram, which may be provided by breast tomosynthesis at the option of the **[**woman**]** insured covered under the policy, every year for **[**any woman**]** an insured who is: **[**forty**]**

(i) Forty years of age or older; **[**.**]** or

(ii) Younger than forty years of age if the insured is believed to be at increased risk for breast cancer due to:

(I) A family history, or prior personal history, of breast cancer;

(II) Positive genetic testing for the harmful variant of breast cancer gene one, breast cancer gene two or any other gene that materially increases the insured's risk for breast cancer;

(III) Prior treatment for a childhood cancer if the course of treatment for the childhood cancer included radiation therapy directed at the

chest; or

(IV) Other indications as determined by the insured's physician, advanced practice registered nurse, physician assistant, certified nurse midwife or other medical provider.

(2) Such policy shall provide additional benefits for:

(A) Comprehensive **[**ultrasound screening**]** diagnostic and screening ultrasounds of an entire breast or breasts if:

(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

(ii) **[**a woman**]** An insured is believed to be at increased risk for breast cancer due to:

(I) A family history or prior personal history of breast cancer; **[**,**]**

(II) **[**positive**]** Positive genetic testing **[**, or (III) other**]** for the harmful variant of breast cancer gene one, breast cancer gene two or any other gene that materially increases the insured's risk for breast cancer;

(III) Prior treatment for a childhood cancer if the course of treatment for the childhood cancer included radiation therapy directed at the chest; or

(IV) Other indications as determined by **[**a woman's**]** the insured's physician, **[**physician assistant 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**]** advanced practice registered nurse, physician assistant, certified nurse midwife or other medical provider;

(B) **[**Magnetic**]** Diagnostic and screening magnetic resonance imaging of an entire breast or breasts: **[**in**]**

(i) In accordance with guidelines established by the American Cancer Society **[**.**]** for an insured who is thirty-five years of age or older; or

(ii) If an insured is younger than thirty-five years of age and believed to be at increased risk for breast cancer due to:

(I) A family history, or prior personal history, of breast cancer;

(II) Positive genetic testing for the harmful variant of breast cancer gene one, breast cancer gene two or any other gene that materially increases the insured's risk for breast cancer;

(III) Prior treatment for a childhood cancer if the course of treatment for the childhood cancer included radiation therapy directed at the chest; or

(IV) Other indications as determined by the insured's physician, advanced practice registered nurse, physician assistant, certified nurse midwife or other medical provider;

(C) Breast biopsies;

(D) Prophylactic mastectomies for an insured who is believed to be at increased risk for breast cancer due to positive genetic testing for the harmful variant of breast cancer gene one, breast cancer gene two or any other gene that materially increases the insured's risk for breast cancer; and

(E) Breast reconstructive surgery for an insured who has undergone:

(i) A prophylactic mastectomy; or

(ii) A mastectomy as part of the insured's course of treatment for

breast cancer.

(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, deductible or other out-of-pocket expense for such benefits. The provisions of this subsection shall apply to a high deductible health 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.

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

Sec. 3. (NEW) (*Effective January 1, 2023*) (a) For purposes of this

section:

(1) "At risk for ovarian cancer" means:

(A) Having a family history:

(i) With one or more first degree blood relatives, including a parent, sibling or child, or one or more second degree blood relatives, including an aunt, uncle, grandparent, grandchild, niece, nephew, half-brother or half-sister with ovarian or breast cancer; or

(ii) Of nonpolyposis colorectal cancer; or

(B) Positive genetic testing for the harmful variant of breast cancer gene one, breast cancer gene two or any other gene variant that materially increases the insured's risk for breast cancer, ovarian cancer or any other gynecological cancers.

(2) "Surveillance tests for ovarian cancer" means annual screening using:

(A) CA-125 serum tumor marker testing;

(B) Transvaginal ultrasound;

(C) Pelvic examination; or

(D) Other ovarian cancer screening tests currently being evaluated by the United States Food and Drug Administration or by the National Cancer Institute.

(b) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (10), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state shall provide benefits for:

(1) Genetic testing for insureds having a family history of breast or

ovarian cancer;

(2) Routine screening procedures for ovarian cancer and the office or facility visit for such screening, including surveillance tests for ovarian cancer for insureds who are at risk for ovarian cancer, when ordered or provided by a physician in accordance with the standard practice of medicine;

(3) CA-125 monitoring of ovarian cancer subsequent to treatment; and

(4) Genetic testing of the breast cancer gene one, breast cancer gene two, any other gene variant that materially increases the insured's risk for breast and ovarian cancer or any other gynecological cancer to detect an increased risk for breast and ovarian cancer when recommended by a health care provider in accordance with the United States Preventive Services Task Force recommendations for testing.

(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, deductible or other out-of-pocket expense for such benefits. The provisions of this subsection shall apply to a high deductible health plan, as that term is used in subsection (f) of section 38a-520 of the general statutes, 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. 4. (NEW) (*Effective January 1, 2023*) (a) For purposes of this section:

(1) "At risk for ovarian cancer" means:

(A) Having a family history:

(i) With one or more first degree blood relatives, including a parent, sibling or child, or one or more second degree blood relatives, including an aunt, uncle, grandparent, grandchild, niece, nephew, half-brother or half-sister with ovarian or breast cancer; or

(ii) Of nonpolyposis colorectal cancer; or

(B) Positive genetic testing for the harmful variant of breast cancer gene one, breast cancer gene two or any other gene variant that materially increases the insured's risk for breast cancer, ovarian cancer or any other gynecological cancers.

(2) "Surveillance tests for ovarian cancer" means annual screening using:

(A) CA-125 serum tumor marker testing;

(B) Transvaginal ultrasound;

(C) Pelvic examination; or

(D) Other ovarian cancer screening tests currently being evaluated by the United States Food and Drug Administration or by the National Cancer Institute.

(b) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state shall provide benefits for:

(1) Genetic testing for insureds having a family history of breast or ovarian cancer;

(2) Routine screening procedures for ovarian cancer and the office or facility visit for such screening, including surveillance tests for ovarian cancer for insureds who are at risk for ovarian cancer, when ordered or provided by a physician in accordance with the standard practice of medicine;

(3) CA-125 monitoring of ovarian cancer subsequent to treatment; and

(4) Genetic testing of the breast cancer gene one, breast cancer gene two, any other gene variant that materially increases the insured's risk for breast and ovarian cancer or any other gynecological cancer to detect an increased risk for breast and ovarian cancer when recommended by a health care provider in accordance with the United States Preventive Services Task Force recommendations for testing.

(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, deductible or other out-of-pocket expense for such benefits. The provisions of this subsection shall apply to a high deductible health plan, as that term is used in subsection (f) of section 38a-520 of the general statutes, 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.

Approved May 31, 2022