



General Assembly

Substitute Bill No. 358

February Session, 2022



**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:

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2 statutes is repealed and the following is substituted in lieu thereof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

4 (a) For purposes of this section:

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

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

14 (b) (1) Each individual health insurance policy providing coverage of
15 the type specified in subdivisions (1), (2), (4), (10), (11) and (12) of section

16 38a-469 delivered, issued for delivery, renewed, amended or continued
17 in this state shall provide benefits for diagnostic and screening
18 mammograms [to any woman covered under the policy] for insureds
19 that are at least equal to the following minimum requirements:

20 (A) A baseline mammogram [, which may be provided by breast
21 tomosynthesis at the option of the woman covered under the policy,] for
22 [any woman] an insured who is: [thirty-five]

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

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

26 (I) A family history of breast cancer;

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

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

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

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

39 (i) Forty years of age or older; [,] or

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

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

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

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

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

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

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

55 (i) A mammogram demonstrates heterogeneous or dense breast
56 tissue based on the Breast Imaging Reporting and Data System
57 established by the American College of Radiology; or

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

60 (I) A family history or prior personal history of breast cancer; [.]

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

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

67 [(III) other] (IV) Other indications as determined by [a woman's] the
68 insured's physician, [physician assistant or advanced practice registered
69 nurse; or (iii) such screening is recommended by a woman's treating
70 physician for a woman who (I) is forty years of age or older, (II) has a

71 family history or prior personal history of breast cancer, or (III) has a
72 prior personal history of breast disease diagnosed through biopsy as
73 benign; and] advanced practice registered nurse, physician's assistant,
74 certified nurse midwife or other medical provider;

75 (B) [Magnetic] Diagnostic and screening magnetic resonance imaging
76 of an entire breast or breasts;

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

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

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

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

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

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

92 (C) Breast biopsies;

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

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

99 (i) A prophylactic mastectomy; or

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

102 (c) Benefits under this section shall be subject to any policy provisions
103 that apply to other services covered by such policy, except that no such
104 policy shall impose a coinsurance, copayment, deductible or other out-
105 of-pocket expense for such benefits. The provisions of this subsection
106 shall apply to a high deductible health plan, as that term is used in
107 subsection (f) of section 38a-493, to the maximum extent permitted by
108 federal law, except if such plan is used to establish a medical savings
109 account or an Archer MSA pursuant to Section 220 of the Internal
110 Revenue Code of 1986 or any subsequent corresponding internal
111 revenue code of the United States, as amended from time to time, or a
112 health savings account pursuant to Section 223 of said Internal Revenue
113 Code, as amended from time to time, the provisions of this subsection
114 shall apply to such plan to the maximum extent that (1) is permitted by
115 federal law, and (2) does not disqualify such account for the deduction
116 allowed under said Section 220 or 223, as applicable.

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

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

134 (a) For purposes of this section:

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

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

144 (b) (1) Each group health insurance policy providing coverage of the
145 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
146 delivered, issued for delivery, renewed, amended or continued in this
147 state shall provide benefits for diagnostic and screening mammograms
148 [to any woman covered under the policy] for insureds that are at least
149 equal to the following minimum requirements:

150 (A) A baseline mammogram [, which may be provided by breast
151 tomosynthesis at the option of the woman covered under the policy,] for
152 [any woman] an insured who is: [thirty-five]

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

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

156 (I) A family history of breast cancer;

157 (II) Positive genetic testing for the harmful variant of breast cancer
158 gene one, breast cancer gene two or any other gene variant that

159 materially increases the insured's risk for breast cancer;

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

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

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

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

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

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

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

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

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

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

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

185 (i) A mammogram demonstrates heterogeneous or dense breast
186 tissue based on the Breast Imaging Reporting and Data System
187 established by the American College of Radiology; or

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

190 (I) A family history or prior personal history of breast cancer; [.]

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

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

197 [(III) other] (IV) Other indications as determined by [a woman's] the
198 insured's physician, [physician assistant or advanced practice registered
199 nurse; or (iii) such screening is recommended by a woman's treating
200 physician for a woman who (I) is forty years of age or older, (II) has a
201 family history or prior personal history of breast cancer, or (III) has a
202 prior personal history of breast disease diagnosed through biopsy as
203 benign; and] advanced practice registered nurse, physician's assistant,
204 certified nurse midwife or other medical provider;

205 (B) [Magnetic] Diagnostic and screening magnetic resonance imaging
206 of an entire breast or breasts;

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

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

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

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

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

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

222 (C) Breast biopsies;

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

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

229 (i) A prophylactic mastectomy; or

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

232 (c) Benefits under this section shall be subject to any policy provisions
233 that apply to other services covered by such policy, except that no such
234 policy shall impose a coinsurance, copayment, deductible or other out-
235 of-pocket expense for such benefits. The provisions of this subsection
236 shall apply to a high deductible health plan, as that term is used in
237 subsection (f) of section 38a-520, to the maximum extent permitted by
238 federal law, except if such plan is used to establish a medical savings
239 account or an Archer MSA pursuant to Section 220 of the Internal
240 Revenue Code of 1986 or any subsequent corresponding internal
241 revenue code of the United States, as amended from time to time, or a

242 health savings account pursuant to Section 223 of said Internal Revenue
243 Code, as amended from time to time, the provisions of this subsection
244 shall apply to such plan to the maximum extent that (1) is permitted by
245 federal law, and (2) does not disqualify such account for the deduction
246 allowed under said Section 220 or 223, as applicable.

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

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

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

264 (A) Having a family history:

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

269 (ii) Of nonpolyposis colorectal cancer; or

270 (B) Positive genetic testing for the harmful variant of breast cancer
271 gene one, breast cancer gene two or any other gene variant that

272 materially increases the insured's risk for breast cancer, ovarian cancer
273 or any other gynecological cancers.

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

276 (A) CA-125 serum tumor marker testing;

277 (B) Transvaginal ultrasound;

278 (C) Pelvic examination; or

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

282 (b) Each individual health insurance policy providing coverage of the
283 type specified in subdivisions (1), (2), (4), (10), (11) and (12) of section
284 38a-469 of the general statutes delivered, issued for delivery, renewed,
285 amended or continued in this state shall provide benefits for:

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

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

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

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

300 Services Task Force recommendations for testing.

301 (c) Benefits under this section shall be subject to any policy provisions
302 that apply to other services covered by such policy, except that no such
303 policy shall impose a coinsurance, copayment, deductible or other out-
304 of-pocket expense for such benefits. The provisions of this subsection
305 shall apply to a high deductible health plan, as that term is used in
306 subsection (f) of section 38a-520 of the general statutes, to the maximum
307 extent permitted by federal law, except if such plan is used to establish
308 a medical savings account or an Archer MSA pursuant to Section 220 of
309 the Internal Revenue Code of 1986 or any subsequent corresponding
310 internal revenue code of the United States, as amended from time to
311 time, or a health savings account pursuant to Section 223 of said Internal
312 Revenue Code, as amended from time to time, the provisions of this
313 subsection shall apply to such plan to the maximum extent that (1) is
314 permitted by federal law, and (2) does not disqualify such account for
315 the deduction allowed under said Section 220 or 223, as applicable.

316 Sec. 4. (NEW) (*Effective January 1, 2023*) (a) For purposes of this
317 section:

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

319 (A) Having a family history:

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

324 (ii) Of nonpolyposis colorectal cancer; or

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

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

331 (A) CA-125 serum tumor marker testing;

332 (B) Transvaginal ultrasound;

333 (C) Pelvic examination; or

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

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

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

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

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

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

356 (c) Benefits under this section shall be subject to any policy provisions

357 that apply to other services covered by such policy, except that no such
358 policy shall impose a coinsurance, copayment, deductible or other out-
359 of-pocket expense for such benefits. The provisions of this subsection
360 shall apply to a high deductible health plan, as that term is used in
361 subsection (f) of section 38a-520 of the general statutes, to the maximum
362 extent permitted by federal law, except if such plan is used to establish
363 a medical savings account or an Archer MSA pursuant to Section 220 of
364 the Internal Revenue Code of 1986 or any subsequent corresponding
365 internal revenue code of the United States, as amended from time to
366 time, or a health savings account pursuant to Section 223 of said Internal
367 Revenue Code, as amended from time to time, the provisions of this
368 subsection shall apply to such plan to the maximum extent that (1) is
369 permitted by federal law, and (2) does not disqualify such account for
370 the deduction allowed under said Section 220 or 223, as applicable.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2023</i>	38a-503
Sec. 2	<i>January 1, 2023</i>	38a-530
Sec. 3	<i>January 1, 2023</i>	New section
Sec. 4	<i>January 1, 2023</i>	New section

INS *Joint Favorable Subst.*