



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2 statutes is repealed and the following is substituted in lieu thereof  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.*

**APP**      *Joint Favorable*