

**NOTE: This bill has been prepared for the signatures of the appropriate legislative officers and the Governor. To determine whether the Governor has signed the bill or taken other action on it, please consult the legislative status sheet, the legislative history, or the Session Laws.**



HOUSE BILL 19-1301

BY REPRESENTATIVE(S) Michaelson Jenet and Buckner, Buentello, Caraveo, Cutter, Duran, Galindo, Gonzales-Gutierrez, Hooton, Kipp, Sirota, Arndt, Benavidez, Bird, Coleman, Esgar, Exum, Froelich, Gray, Hansen, Herod, Jackson, Kennedy, Kraft-Tharp, Landgraf, Lontine, McCluskie, McLachlan, Melton, Mullica, Roberts, Singer, Snyder, Tipper, Titone, Valdez A., Valdez D., Becker;  
also SENATOR(S) Williams A., Todd, Story, Bridges, Court, Crowder, Danielson, Fields, Ginal, Gonzales, Lee, Moreno, Pettersen, Winter, Zenzinger, Garcia.

CONCERNING HEALTH INSURANCE COVERAGE FOR BREAST IMAGING.

*Be it enacted by the General Assembly of the State of Colorado:*

**SECTION 1. Legislative declaration.** (1) The general assembly hereby finds and declares that:

(a) Colorado recognizes cancer as a public health burden that affects families, businesses, and communities throughout the state, with one in two men and two in five women diagnosed with the disease at some point in their lifetimes;

---

*Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.*

(b) The American Cancer Society estimates that in 2019, twenty-six thousand eight hundred Coloradans will be diagnosed with the disease and eight thousand one hundred twenty Coloradans will die from the disease;

(c) The agency for health care research and quality of the United States department of health and human services estimates that direct medical costs for cancer in the United States in 2011 were eighty-eight billion seven hundred million dollars;

(d) National research indicates that, when the disease is diagnosed at later stages, cancer treatment becomes more costly, invasive, and likely to contribute to workplace absenteeism attributable to side effects of more intensive treatment protocols and the time necessary to obtain care;

(e) While cancer is not wholly preventable, when it is detected early, the likelihood of survival increases and expenses incurred by individuals, families, and the health care system are reduced;

(f) Advances in medical and scientific research have:

(I) Led to evidenced-based strategies to prevent some cancers, reducing the burden of the disease; and

(II) Diversified and increased the screening modalities that are available to identify each person's unique risk of cancer and corresponding recommended surveillance to detect the disease at its earliest stages;

(g) Current law requires health insurance plans to provide coverage for cancer screening to promote early detection of the disease; and

(h) Coloradans purchasing health insurance plans in this state should have the peace of mind of knowing that their policies include coverage for the most recent medical and scientific advances in cancer screening procedures that have been shown to increase early detection of cancer.

**SECTION 2.** In Colorado Revised Statutes, 10-16-104, **repeal** (18)(b)(III); and **add** (18)(b.5) and (18)(c)(III.5) as follows:

**10-16-104. Mandatory coverage provisions - definitions - rules.**  
**(18) Preventive health care services.** (b) The coverage required by this

subsection (18) must include preventive health care services for the following, in accordance with the A or B recommendations of the task force for the particular preventive health care service:

~~(III) (A) One breast cancer screening with mammography per year, covering the actual charge for the screening with mammography.~~

~~(B) (Deleted by amendment, L. 2013.)~~

~~(C) Benefits for preventive mammography screenings are determined on a calendar year or a contract year basis, which fact must be specified in the policy or contract. The preventive and diagnostic coverages provided pursuant to this subparagraph (III) do not diminish or limit diagnostic benefits otherwise allowable under a policy or contract. If the covered person receives more than one screening in a given calendar year or contract year, the other benefit provisions in the policy or contract apply with respect to the additional screenings.~~

~~(D) Notwithstanding the A or B recommendations of the task force, a policy or contract subject to this subsection (18) must cover an annual breast cancer screening with mammography for all individuals possessing at least one risk factor, including a family history of breast cancer, being forty years of age or older, or a genetic predisposition to breast cancer.~~

(b.5) (I) THE COVERAGE REQUIRED BY THIS SUBSECTION (18) MUST INCLUDE A PREVENTIVE BREAST CANCER SCREENING STUDY THAT IS WITHIN APPROPRIATE USE GUIDELINES AS DETERMINED BY THE AMERICAN COLLEGE OF RADIOLOGY, THE NATIONAL COMPREHENSIVE CANCER NETWORK, OR THEIR SUCCESSOR ENTITIES, FOR THE ACTUAL COST OF AN ANNUAL BREAST CANCER SCREENING USING THE NONINVASIVE IMAGING MODALITY APPROPRIATE FOR THE COVERED PERSON'S BREAST HEALTH NEEDS, AS DETERMINED BY THE COVERED PERSON'S PROVIDER.

(II) (A) FOR ANY BREAST IMAGING PERFORMED AFTER THE BREAST CANCER SCREENING STUDY, WHETHER IT IS DIAGNOSTIC BREAST IMAGING FOR FURTHER EVALUATION OR SUPPLEMENTAL BREAST IMAGING WITHIN THE SAME CALENDAR YEAR BASED ON FACTORS INCLUDING A HIGH LIFETIME RISK FOR BREAST CANCER OR HIGH BREAST DENSITY, THE NONINVASIVE IMAGING MODALITY OR MODALITIES USED MUST BE THE SAME AS, OR COMPARABLE TO, THE MODALITY OR MODALITIES USED FOR THE BREAST CANCER SCREENING

STUDY.

(B) IF THE NONINVASIVE IMAGING MODALITY IS RECOMMENDED BY THE COVERED PERSON'S PROVIDER AND THE BREAST IMAGING IS WITHIN APPROPRIATE USE GUIDELINES AS DETERMINED BY THE AMERICAN COLLEGE OF RADIOLOGY, THE NATIONAL COMPREHENSIVE CANCER NETWORK, OR THEIR SUCCESSOR ENTITIES, THE COVERED PERSON IS NOT RESPONSIBLE FOR ANY COST-SHARING AMOUNTS.

(C) IF THE COVERED PERSON RECEIVES MORE THAN ONE BREAST IMAGING THAT IS IN EXCESS OF WHAT IS RECOMMENDED BY THE AMERICAN COLLEGE OF RADIOLOGY, THE NATIONAL COMPREHENSIVE CANCER NETWORK, OR THEIR SUCCESSOR ENTITIES, IN A GIVEN CALENDAR YEAR OR CONTRACT YEAR, THE OTHER BENEFIT PROVISIONS IN THE POLICY OR CONTRACT APPLY WITH RESPECT TO THE ADDITIONAL BREAST IMAGING.

(III) BENEFITS FOR PREVENTIVE BREAST CANCER SCREENING STUDIES AND BREAST IMAGING ARE DETERMINED ON A CALENDAR YEAR OR A CONTRACT YEAR BASIS. THE PREVENTIVE AND DIAGNOSTIC COVERAGES PROVIDED PURSUANT TO THIS SUBSECTION (18)(b.5) DO NOT DIMINISH OR LIMIT DIAGNOSTIC BENEFITS OTHERWISE ALLOWABLE UNDER A POLICY OR CONTRACT.

(IV) NOTWITHSTANDING THE OTHER COVERAGE PROVISIONS OF THIS SUBSECTION (18)(b.5), A POLICY OR CONTRACT SUBJECT TO THIS SUBSECTION (18) MUST COVER AN ANNUAL BREAST CANCER SCREENING USING THE APPROPRIATE NONINVASIVE IMAGING MODALITY OR COMBINATION OF MODALITIES RECOGNIZED BY THE AMERICAN COLLEGE OF RADIOLOGY, THE NATIONAL COMPREHENSIVE CANCER NETWORK, OR THEIR SUCCESSOR ENTITIES, FOR ALL INDIVIDUALS POSSESSING AT LEAST ONE RISK FACTOR FOR BREAST CANCER, INCLUDING:

(A) A FAMILY HISTORY OF BREAST CANCER;

(B) BEING FORTY YEARS OF AGE OR OLDER; OR

(C) AN INCREASED LIFETIME RISK OF BREAST CANCER DETERMINED BY A RISK FACTOR MODEL SUCH AS TYRER-CUZICK, BRCAPRO, OR GAIL OR BY OR OTHER CLINICALLY APPROPRIATE RISK ASSESSMENT MODELS.

(c) For purposes of this subsection (18):

(III.5) "BREAST CANCER SCREENING STUDY" AND "BREAST IMAGING"  
MEAN:

(A) A MAMMOGRAM, WITH OR WITHOUT A CLINICAL EXAM, FOR INDIVIDUALS AT AVERAGE RISK;

(B) A MAMMOGRAM, USING A NONINVASIVE IMAGING MODALITY OR MODALITIES, AS RECOMMENDED BY THE MEDICAL PROVIDER; OR

(C) A MAMMOGRAM, WITH OR WITHOUT A CLINICAL EXAM, AND MEDICALLY RECOMMENDED SUBSEQUENT NONINVASIVE IMAGING MODALITY OR MODALITIES THAT FALL WITHIN APPROPRIATE USE GUIDELINES AS DETERMINED BY THE AMERICAN COLLEGE OF RADIOLOGY, THE NATIONAL COMPREHENSIVE CANCER NETWORK, OR THEIR SUCCESSOR ENTITIES, FOR THE EARLY DETECTION OF BREAST CANCER FOR INDIVIDUALS AT AVERAGE RISK WHO HAVE AN INCOMPLETE MAMMOGRAM RESULT OR FOR INDIVIDUALS AT HIGH RISK.

**SECTION 3. Act subject to petition - effective date - applicability.** (1) This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly (August 2, 2019, if adjournment sine die is on May 3, 2019); except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2020 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.

(2) This act applies to policies and contracts issued or renewed on or after January 1, 2021.

---

KC Becker  
SPEAKER OF THE HOUSE  
OF REPRESENTATIVES

---

Leroy M. Garcia  
PRESIDENT OF  
THE SENATE

---

Marilyn Eddins  
CHIEF CLERK OF THE HOUSE  
OF REPRESENTATIVES

---

Cindi L. Markwell  
SECRETARY OF  
THE SENATE

APPROVED \_\_\_\_\_  
(Date and Time)

---

Jared S. Polis  
GOVERNOR OF THE STATE OF COLORADO