

**Second Regular Session
Seventieth General Assembly
STATE OF COLORADO**

ENGROSSED

*This Version Includes All Amendments Adopted
on Second Reading in the House of Introduction*

LLS NO. 16-0676.01 Kristen Forrestal x4217

HOUSE BILL 16-1381

HOUSE SPONSORSHIP

Primavera, Esgar, Melton, Williams

SENATE SPONSORSHIP

Todd,

House Committees

Public Health Care & Human Services

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING HEALTH INSURANCE COVERAGE FOR THE EARLY**
102 **DETECTION OF CANCER.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://www.leg.state.co.us/billsummaries>.)

Current law requires health care coverage for certain cancers. The bill requires annual health care coverage for breast cancer screening using the breast imaging modality appropriate for each individual as determined by the individual's physician or radiologist.

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
*Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.*

HOUSE
Amended 2nd Reading
April 21, 2016

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

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

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

8 (b) The American Cancer Society estimates twenty-four thousand
9 seven hundred thirty Coloradans will be diagnosed with the disease and
10 seven thousand seven hundred sixty Coloradans will die from the disease
11 in 2016 ;

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

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

20 (e) Advances in medical and scientific research have led to
21 evidenced-based strategies to prevent some cancers, reducing the burden
22 of the disease;

23 (f) While not wholly preventable, cancer that is detected early
24 increases the likelihood of survival and reduces expenses incurred by
25 individuals, families, and the health care system;

26 (g) Advances in medical and scientific research have diversified
27 and increased the screening modalities that are available to identify each

1 person's unique risk of cancer and corresponding recommended
2 surveillance to detect the disease at its earliest stages;

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

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

10 **SECTION 2.** In Colorado Revised Statutes, 10-16-104, **amend**
11 (18) (b) (III) as follows:

12 **10-16-104. Mandatory coverage provisions - definitions -**
13 **rules.** (18) **Preventive health care services.** (b) The coverage required
14 by this subsection (18) must include preventive health care services for
15 the following, in accordance with the A or B recommendations of the task
16 force for the particular preventive health care service:

17 (III) (A) ~~One~~ COVERAGE FOR THE ACTUAL COST OF AN ANNUAL
18 breast cancer screening with mammography per year, covering the actual
19 charge for the screening with mammography USING THE BREAST IMAGING
20 MODALITY APPROPRIATE FOR EACH INDIVIDUAL'S BREAST HEALTH NEEDS,
21 AS DETERMINED BY THE INDIVIDUAL'S HEALTH CARE PROVIDER, AND IF THE
22 SCREENING FALLS WITHIN THE APPROPRIATE USE GUIDELINES AS
23 DETERMINED BY THE AMERICAN COLLEGE OF RADIOLOGY.

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

25 (B.5) FOR THE PURPOSE OF THIS SUBPARAGRAPH (III), "BREAST
26 CANCER SCREENING" OR "SCREENING" MEANS A:

27 (I) MAMMOGRAM, WITH OR WITHOUT A CLINICAL EXAM, FOR

1 INDIVIDUALS AT AVERAGE RISK; OR
2 (II) MAMMOGRAM, WITH OR WITHOUT A CLINICAL EXAM, AND
3 MEDICALLY RECOMMENDED SUBSEQUENT NONINVASIVE IMAGING
4 MODALITY OR MODALITIES THAT FALL WITHIN APPROPRIATE USE
5 GUIDELINES AS DETERMINED BY THE AMERICAN COLLEGE OF RADIOLOGY
6 FOR THE EARLY DETECTION OF BREAST CANCER FOR INDIVIDUALS AT
7 AVERAGE RISK WHO HAVE AN INCOMPLETE MAMMOGRAM RESULT, OR
8 INDIVIDUALS AT HIGH RISK.

9 (C) Benefits for preventive ~~mammography~~ BREAST CANCER
10 screenings are determined on a calendar year or a contract year basis,
11 which fact must be specified in the policy or contract. The preventive and
12 diagnostic coverages provided pursuant to this subparagraph (III) do not
13 diminish or limit diagnostic benefits otherwise allowable under a policy
14 or contract. COVERAGE FOR THE ADDITIONAL NONINVASIVE IMAGING
15 MODALITY OR MODALITIES MUST BE NO LESS FAVORABLE THAN FOR THE
16 INITIAL SCREENING MODALITY. A COVERED INDIVIDUAL IS NOT SUBJECT TO
17 COST SHARING FOR A BREAST CANCER SCREENING WHEN AN IMAGING
18 MODALITY HAS BEEN RECOMMENDED BY THE INDIVIDUAL'S HEALTH CARE
19 PROVIDER AND IF THE SCREENING FALLS WITHIN APPROPRIATE USE
20 GUIDELINES AS DETERMINED BY THE AMERICAN COLLEGE OF RADIOLOGY.

21 If the covered person receives more than one screening IN EXCESS OF
22 WHAT IS RECOMMENDED BY THE AMERICAN COLLEGE OF RADIOLOGY in
23 a given calendar year or contract year, the other benefit provisions in the
24 policy or contract apply with respect to the additional screenings.

25 (D) Notwithstanding the A or B recommendations of the task
26 force, a policy or contract subject to this subsection (18) must cover an
27 annual breast cancer screening ~~with mammography~~ USING THE

1 APPROPRIATE IMAGING MODALITY OR COMBINATION OF MODALITIES
2 RECOGNIZED BY THE AMERICAN COLLEGE OF RADIOLOGY for all
3 individuals possessing at least one risk factor FOR BREAST CANCER,
4 including: A family history of breast cancer; being forty years of age or
5 older; PRESENTING WITH SYMPTOMS; or ~~a genetic predisposition to AN~~
6 INCREASED LIFETIME RISK OF breast cancer DETERMINED BY A RISK
7 FACTOR MODEL SUCH AS TYRER-CUZICK, BRCAPRO, OR GAIL.

8 **SECTION 3. Act subject to petition - effective date.** This act
9 takes effect January 1, 2018; except that, if a referendum petition is filed
10 pursuant to section 1 (3) of article V of the state constitution against this
11 act or an item, section, or part of this act within the ninety-day period
12 after final adjournment of the general assembly, then the act, item,
13 section, or part will not take effect unless approved by the people at the
14 general election to be held in November 2016 and, in such case, will take
15 effect on January 1, 2018, or on the date of the official declaration of the
16 vote thereon by the governor, whichever is later.