

**First Regular Session
Seventy-second General Assembly
STATE OF COLORADO**

ENGROSSED

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

LLS NO. 19-1039.02 Kristen Forrestal x4217

HOUSE BILL 19-1301

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A BILL FOR AN ACT

101 **CONCERNING HEALTH INSURANCE COVERAGE FOR BREAST IMAGING.**

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://leg.colorado.gov>.)

Current law requires health care coverage for one breast cancer screening study with mammography per year. The bill requires health care coverage for breast cancer screening studies and subsequent breast imaging using the noninvasive imaging modality appropriate for each individual, as determined by the individual's health care provider, and within the appropriate use guidelines as determined by the American College of Radiology.

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

HOUSE
Amended 2nd Reading
April 12, 2019

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 that in 2019,
9 twenty-six thousand eight hundred Coloradans will be diagnosed with the
10 disease and eight thousand one hundred twenty Coloradans will die from
11 the disease;

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

23 (f) Advances in medical and scientific research have:

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

26 (II) Diversified and increased the screening modalities that are

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

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

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

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

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

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

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

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

1 calendar year or contract year, the other benefit provisions in the policy
2 or contract apply with respect to the additional screenings.

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

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

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

25 (B) IF THE NONINVASIVE IMAGING MODALITY IS RECOMMENDED BY
26 THE COVERED PERSON'S PROVIDER AND THE BREAST IMAGING IS WITHIN
27 APPROPRIATE USE GUIDELINES AS DETERMINED BY THE AMERICAN

1 COLLEGE OF RADIOLOGY, THE NATIONAL COMPREHENSIVE CANCER
2 NETWORK, OR THEIR SUCCESSOR ENTITIES, THE COVERED PERSON IS NOT
3 RESPONSIBLE FOR ANY COST-SHARING AMOUNTS.

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

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

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

24 (A) A FAMILY HISTORY OF BREAST CANCER;

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

26 (C) AN INCREASED LIFETIME RISK OF BREAST CANCER DETERMINED
27 BY A RISK FACTOR MODEL SUCH AS TYRER-CUZICK, BRCAPRO, OR GAIL

1 OR BY OR OTHER CLINICALLY APPROPRIATE RISK ASSESSMENT MODELS.

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

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

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

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

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

17 **SECTION 3. Act subject to petition - effective date -**
18 **applicability.** (1) This act takes effect at 12:01 a.m. on the day following
19 the expiration of the ninety-day period after final adjournment of the
20 general assembly (August 2, 2019, if adjournment sine die is on May 3,
21 2019); except that, if a referendum petition is filed pursuant to section 1
22 (3) of article V of the state constitution against this act or an item, section,
23 or part of this act within such period, then the act, item, section, or part
24 will not take effect unless approved by the people at the general election
25 to be held in November 2020 and, in such case, will take effect on the
26 date of the official declaration of the vote thereon by the governor.

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