

**First Regular Session
Sixty-ninth General Assembly
STATE OF COLORADO**

REENGROSSED

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

LLS NO. 13-0492.01 Kristen Forrestal x4217

HOUSE BILL 13-1309

HOUSE SPONSORSHIP

Primavera,

SENATE SPONSORSHIP

Nicholson,

House Committees

Public Health Care & Human Services
Appropriations

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING HEALTH INSURANCE COVERAGE FOR PREVENTIVE**
102 **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://www.leg.state.co.us/billsummaries>.)

The bill requires all sickness and accident insurance policies to provide coverage for breast imaging for all individuals possessing at least one risk factor for breast cancer, including a family history of breast cancer, being 40 years of age or older, or a genetic predisposition to breast cancer. Preventive breast imaging is not subject to copayments,

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 3rd Reading
April 26, 2013

HOUSE
Amended 2nd Reading
April 25, 2013

deductibles, or coinsurance.

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

2 **SECTION 1.** In Colorado Revised Statutes, 10-16-104, **amend**
3 (18) (a) (II) and (18) (b) introductory portion; **and repeal** (18) (b) (III)
4 **as follows:**

5 **10-16-104. Mandatory coverage provisions - definitions.**

6 (18) **Preventive health care services.** (a) (II) Nothing in this subsection
7 (18) shall be deemed to apply to a basic health benefit plan issued
8 pursuant to section 10-16-105 (7.2) (b) (I), (7.2) (b) (III), or (7.2) (b) (IV).
9 ~~except that the required coverage for mammography set forth in~~
10 ~~subparagraph (III) of paragraph (b) of this subsection (18) shall apply to~~
11 ~~a basic health benefit plan issued pursuant to section 10-16-105 (7.2) (b)~~
12 ~~(IV).~~

13 (b) The coverage required by this subsection (18) ~~shall include~~
14 ~~INCLUDES~~ preventive health care services for the following, in accordance
15 with the A or B recommendations of the task force for the particular
16 preventive health care service:

17 ~~(III) (A) Breast cancer screening with mammography:~~

18 ~~(B) Coverage for breast cancer screening with mammography~~
19 ~~shall be the lesser of one hundred dollars per mammography screening or~~
20 ~~the actual charge for such screening, but in no case shall the covered~~
21 ~~person be required to pay more than the copayment required by the policy~~
22 ~~or contract for preventive health care services. The minimum benefit~~
23 ~~required under this subparagraph (III) shall be adjusted to reflect~~
24 ~~increases and decreases in the consumer price index.~~

25 ~~(C) Benefits for preventive mammography screenings shall be~~

1 ~~determined on a calendar year or a contract year basis, which shall be~~
2 ~~specified in the policy or contract. The preventive and diagnostic~~
3 ~~coverages provided pursuant to this subparagraph (III) shall in no way~~
4 ~~diminish or limit diagnostic benefits otherwise allowable under a policy.~~
5 ~~If a covered person who is eligible for a preventive mammography~~
6 ~~screening benefit pursuant to this subparagraph (III) has not utilized such~~
7 ~~benefit during a calendar year or a contract year, then the coverage shall~~
8 ~~apply to one diagnostic screening for that year. If more than one~~
9 ~~diagnostic screening is provided for the covered person in a given~~
10 ~~calendar year or contract year, the other diagnostic service benefit~~
11 ~~provisions in the policy or contract shall apply with respect to the~~
12 ~~additional screenings.~~

13 ~~(D) Notwithstanding the A or B recommendations of the task~~
14 ~~force, an annual breast cancer screening with mammography shall be~~
15 ~~covered for all individuals possessing at least one risk factor including,~~
16 ~~but not limited to, a family history of breast cancer, being forty years of~~
17 ~~age or older, or a genetic predisposition to breast cancer.~~

18 **SECTION 2.** In Colorado Revised Statutes, 10-16-104, **repeal as**
19 **amended by House Bill 13-1266** (18) (b) (III) (A), (18) (b) (III) (C), and
20 (18) (b) (III) (D) as follows:

21 **(18) Preventive health care services.** (b) The coverage required
22 by this subsection (18) must include preventive health care services for
23 the following, in accordance with the A or B recommendations of the task
24 force for the particular preventive health care service:

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

27 ~~(C) Benefits for preventive mammography screenings are~~

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

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

14 **SECTION 3.** In Colorado Revised Statutes, 10-16-104, **add**
15 **(18.5) as follows:**

16 **10-16-104. Mandatory coverage provisions - definitions.**

17 **(18.5) Breast imaging.** (a) ALL INDIVIDUAL AND ALL GROUP SICKNESS
18 AND ACCIDENT INSURANCE POLICIES, EXCEPT SUPPLEMENTAL POLICIES
19 COVERING A SPECIFIED DISEASE OR OTHER LIMITED BENEFIT, THAT ARE
20 DELIVERED OR ISSUED FOR DELIVERY WITHIN THIS STATE BY AN ENTITY
21 SUBJECT TO PART 2 OF THIS ARTICLE; ALL INDIVIDUAL AND GROUP HEALTH
22 CARE SERVICE OR INDEMNITY CONTRACTS ISSUED BY AN ENTITY SUBJECT
23 TO PART 3 OR 4 OF THIS ARTICLE; AND ANY OTHER INDIVIDUAL OR GROUP
24 HEALTH CARE COVERAGE OFFERED TO RESIDENTS OF THIS STATE SHALL
25 PROVIDE COVERAGE FOR THE PREVENTIVE MAMMOGRAPHY AND
26 DIAGNOSTIC BREAST IMAGING AS SPECIFIED IN PARAGRAPH (b) OF THIS
27 SUBSECTION (18.5).

1 (b) (I) THE POLICIES SUBJECT TO THIS SUBSECTION (18.5) MUST
2 PROVIDE COVERAGE FOR PREVENTIVE MAMMOGRAPHY AND DIAGNOSTIC
3 BREAST IMAGING, WITH OR WITHOUT A CLINICAL EXAMINATION, FOR ALL
4 INDIVIDUALS:

5 (A) POSSESSING AT LEAST ONE RISK FACTOR FOR BREAST CANCER,
6 INCLUDING A FAMILY HISTORY OF BREAST CANCER;

7 (B) FORTY YEARS OF AGE OR OLDER;

8 (C) PRESENTING WITH SYMPTOMS; OR

9 (D) WITH AN INCREASED LIFETIME RISK OF BREAST CANCER
10 DETERMINED BY A RISK FACTOR MODEL SUCH AS TYRER-CUZICK,
11 BRCAPRO, OR GAIL.

12 (II) THE COVERAGE FOR PREVENTIVE MAMMOGRAPHY IS NOT
13 SUBJECT TO POLICY DEDUCTIBLES, COPAYMENTS, OR COINSURANCE.

14 (III) THE COVERAGE FOR BREAST IMAGING IS NOT SUBJECT TO
15 COST-SHARING. FOR THE PURPOSES OF THIS SUBSECTION (18.5),
16 "DIAGNOSTIC BREAST IMAGING" MEANS THE MEDICALLY NECESSARY
17 TESTING NEEDED FOR THE ACTING PROVIDER TO FULLY EVALUATE AN
18 INDIVIDUAL'S HEALTH STATUS AS IT RELATES TO THE EARLY DETECTION OF
19 BREAST CANCER.

20 **SECTION 4.** In Colorado Revised Statutes, 10-3-903, **amend** (2)
21 (h) as follows:

22 **10-3-903. Definition of transacting insurance business.** (2) The
23 provisions of this section do not apply to:

24 (h) Transactions in this state involving group sickness and
25 accident or blanket sickness and accident insurance where the master
26 policy was lawfully issued and delivered to a single employer in another
27 state in which the company was authorized to do an insurance business,

1 when a master policy ~~which~~ THAT covers residents of this state includes
2 **mammography** benefits at a level at least as comprehensive as those
3 required by section 10-16-104 ~~(18)(b)(III)~~ (18.5);

4 **SECTION 5.** In Colorado Revised Statutes, 10-16-105, **amend**
5 (7.2) (b) (II), (7.2) (b) (IV) (A), and (7.2) (b) (IV) (C) as follows:

6 **10-16-105. Small group sickness and accident insurance -**
7 **guaranteed issue - mandated provisions for basic health benefit plans**
8 **- rules.** (7.2) The commissioner shall promulgate rules to implement a
9 basic health benefit plan and a standard health benefit plan to be offered
10 by each small employer carrier as a condition of transacting business in
11 this state. The commissioner shall survey small group carriers annually to
12 determine the range of health benefit plans available. The commissioner
13 shall implement a basic plan that approximates the lowest level of
14 coverage offered in small group health benefit plans. A basic health
15 benefit plan may be based on the latest medical evidence. The
16 commissioner shall implement a standard plan that approximates the
17 average level of coverage offered in small group health benefit plans. In
18 determining levels of coverage, the commissioner shall consider factors
19 such as coinsurance, copayments, deductibles, out-of-pocket maximums,
20 and covered benefits. The commissioner shall amend the rules as
21 necessary to implement the basic and standard health benefit plans. The
22 rules shall be in conformity with article 4 of title 24, C.R.S., and shall
23 incorporate the following standard health benefit plan design described
24 in paragraph (a) of this subsection (7.2) and the various options for the
25 basic health benefit plan design described in paragraph (b) of this
26 subsection (7.2):

27 (b) (II) A basic health benefit plan may reflect a health benefit

1 plan that is a high deductible plan that would qualify for a health savings
2 account pursuant to 26 U.S.C. sec. 223. A carrier may apply deductible
3 amounts for mandatory health benefits for ~~mammography~~ BREAST
4 IMAGING, prostate screening, child supervision services, or prosthetic
5 devices pursuant to section 10-16-104 (10), (11), (14), ~~and (18) (b) (HH)~~
6 AND (18.5) if ~~such~~ THE mandatory benefits are not considered by the
7 federal department of treasury to be preventive or to have an acceptable
8 deductible amount.

9 (IV) On and after January 1, 2009, a basic health benefit plan may
10 reflect a medical evidence-based health benefit plan that:

11 (A) Does not include coverage pursuant to the mandatory
12 coverage provisions of section 10-16-104 (5), (9), (10), (12), and (18);
13 except that a basic health benefit plan issued pursuant to this
14 subparagraph (IV) shall include coverage for ~~mammography~~ BREAST
15 IMAGING as specified in section 10-16-104 ~~(18) (b) (HH)~~ (18.5);

16 (C) Covers limited prevention and screening based on the latest
17 medical evidence embodied in recommendations of an independent panel
18 of experts in primary care and prevention that systematically reviews the
19 evidence of effectiveness and develops recommendations for clinical
20 preventive services; except that a carrier may apply deductible amounts
21 for mandatory health benefits for ~~mammography~~ BREAST IMAGING, child
22 supervision services, or prosthetic devices pursuant to section 10-16-104
23 (11), (14), ~~and (18) (b) (HH)~~ AND (18.5) if ~~such~~ THE mandatory benefits
24 are not considered by the federal department of treasury to be preventive
25 or to have an acceptable deductible amount;

26 **SECTION 6.** In Colorado Revised Statutes, 10-16-116, **amend**
27 (3) as follows:

1 **10-16-116. Catastrophic health insurance - coverage.**

2 (3) Insurers shall provide a written disclosure to a covered person that
3 indicates the mandated benefits of section 10-16-104 (1), (1.7), (5), (5.5),
4 (8), (9), (10), (11), (12), (13), (14), ~~and (18) (b) (HH)~~ AND (18.5) are
5 covered benefits of the high deductible health plan offered pursuant to
6 section 10-16-105 (7.2) (b) (II); except that the mandated benefits for
7 ~~mammography~~ BREAST IMAGING, prostate screenings, child health
8 supervision services, and prosthetic devices shall be subject to policy
9 deductibles.

10 **SECTION 7.** In Colorado Revised Statutes, **amend** 10-16-129 as
11 follows:

12 **10-16-129. Health savings accounts.** Any carrier authorized to
13 conduct business in this state that offers coverage pursuant to part 2, 3, or
14 4 of this article may offer a high deductible health plan that would qualify
15 for and may be offered in conjunction with a health savings account
16 pursuant to 26 U.S.C. sec. 223, as amended. A carrier offering a high
17 deductible health plan that may be offered in conjunction with a health
18 savings account may apply the deductible to mandatory health benefits for
19 ~~mammography~~ BREAST IMAGING, prostate cancer screening, child health
20 supervision services, and prosthetic devices pursuant to section 10-16-104
21 (10), (11), (14), ~~and (18) (b) (HH)~~ AND (18.5) if ~~such~~ THE mandatory
22 benefits are not considered by the federal department of treasury to be
23 preventive or to have an acceptable deductible amount.

24 **SECTION 8. Act subject to petition - effective date -**
25 **applicability.** (1) Except as otherwise provided in this section, this act
26 takes effect January 1, 2015.

27 (2) Section 2 of this act takes effect only if House Bill 13-1266

1 becomes law.

2 (3) Sections 1, 5, and 6 of this act takes effect only if House Bill
3 13-1266 does not become law.

4 (4) If a referendum petition is filed pursuant to section 1 (3) of
5 article V of the state constitution against this act or an item, section, or
6 part of this act within the ninety-day period after final adjournment of the
7 general assembly, then the act, item, section, or part will not take effect
8 unless approved by the people at the general election to be held in
9 November 2014 and, in such case, will take effect on the date of the
10 official declaration of the vote thereon by the governor.

11 (5) This act applies to policies issued, delivered, renewed, or
12 reinstated on or after the applicable effective date of this act.