

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

**INTRODUCED**

LLS NO. 19-1039.02 Kristen Forrestal x4217

**HOUSE BILL 19-1301**

---

**HOUSE SPONSORSHIP**

**Michaelson Jenet and Buckner**, Buentello, Caraveo, Cutter, Duran, Galindo, Gonzales-Gutierrez, Hooton, Kipp, Sirota

**SENATE SPONSORSHIP**

**Williams A.**, Todd, Story

---

**House Committees**  
Health & Insurance

**Senate Committees**

---

**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.

---

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, OR ITS SUCCESSOR ENTITY, FOR THE ACTUAL  
13 COST OF AN ANNUAL BREAST CANCER SCREENING USING THE NONINVASIVE  
14 IMAGING MODALITY APPROPRIATE FOR THE COVERED PERSON'S BREAST  
15 HEALTH NEEDS, AS DETERMINED BY THE COVERED PERSON'S PROVIDER.

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

24 (B) IF THE NONINVASIVE IMAGING MODALITY IS RECOMMENDED BY  
25 THE COVERED PERSON'S PROVIDER AND THE BREAST IMAGING IS WITHIN  
26 APPROPRIATE USE GUIDELINES AS DETERMINED BY THE AMERICAN  
27 COLLEGE OF RADIOLOGY, OR ITS SUCCESSOR ENTITY, THE COVERED

1 PERSON IS NOT RESPONSIBLE FOR ANY COST-SHARING AMOUNTS.

2 (C) IF THE COVERED PERSON RECEIVES MORE THAN ONE BREAST  
3 IMAGING THAT IS IN EXCESS OF WHAT IS RECOMMENDED BY THE  
4 AMERICAN COLLEGE OF RADIOLOGY, OR ITS SUCCESSOR ENTITY, IN A  
5 GIVEN CALENDAR YEAR OR CONTRACT YEAR, THE OTHER BENEFIT  
6 PROVISIONS IN THE POLICY OR CONTRACT APPLY WITH RESPECT TO THE  
7 ADDITIONAL BREAST IMAGING.

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

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

21 (A) A FAMILY HISTORY OF BREAST CANCER;

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

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

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

27 (III.5) "BREAST CANCER SCREENING STUDY" AND "BREAST

1 IMAGING" MEAN:

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

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

6 (C) A MAMMOGRAM, WITH OR WITHOUT A CLINICAL EXAM, AND  
7 MEDICALLY RECOMMENDED SUBSEQUENT NONINVASIVE IMAGING  
8 MODALITY OR MODALITIES THAT FALL WITHIN APPROPRIATE USE  
9 GUIDELINES AS DETERMINED BY THE AMERICAN COLLEGE OF RADIOLOGY,  
10 OR ITS SUCCESSOR ENTITY, FOR THE EARLY DETECTION OF BREAST CANCER  
11 FOR INDIVIDUALS AT AVERAGE RISK WHO HAVE AN INCOMPLETE  
12 MAMMOGRAM RESULT OR FOR INDIVIDUALS AT HIGH RISK.

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

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