First Regular Session Seventy-fifth General Assembly STATE OF COLORADO

REREVISED

This Version Includes All Amendments Adopted in the Second House

LLS NO. 25-0060.02 Brita Darling x2241

SENATE BILL 25-296

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A BILL FOR AN ACT

101 CONCERNING INSURANCE COVERAGE FOR PREVENTIVE BREAST 102 CANCER EXAMINATIONS.

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.)

The bill makes changes to preventive care coverage by health insurers for breast cancer screening, including by:

- Relocating in statute the high-risk breast cancer screening requirements;
- Defining and creating parameters around the use of diagnostic breast examinations and supplemental breast

HOUSE 3rd Reading Unamended May 2, 2025

HOUSE 2nd Reading Unamended May 1, 2025

SENATE 3rd Reading Unamended April 28, 2025

SENATE 2nd Reading Unamended April 25, 2025

Shading denotes HOUSE amendment. <u>Double underlining denotes SENATE amendment.</u>

Capital letters or bold & italic numbers indicate new material to be added to existing law.

Dashes through the words or numbers indicate deletions from existing law.

examinations; and

• Clarifying that diagnostic and supplemental breast examinations, in addition to regular breast cancer screening, do not require cost sharing by the patient.

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)(b.5) and (18)(c)(III.5)(B) as follows: 4 10-16-104. Mandatory coverage provisions - definitions - rules 5 - applicability. (18) Prevention health-care services - rules -6 **definitions.** (b.5) (I) The coverage required by PURSUANT TO this 7 subsection (18) must include a preventive breast cancer screening study 8 that is within appropriate use guidelines as determined by the American 9 College of Radiology, the National Comprehensive Cancer Network, or 10 their successor entities. for the actual cost of an annual breast cancer 11 screening using the noninvasive imaging modality appropriate for the 12 covered person's breast health needs, as determined by the covered 13 person's provider. 14 (II) [Similar to former section 10-16-104 (18)(b.5)(IV)] (A) For 15 any breast imaging performed after the breast cancer screening study, 16 whether it is diagnostic breast imaging for further evaluation or 17 supplemental breast imaging within the same calendar year based on 18 factors including a high lifetime risk for breast cancer or high breast 19 density, the noninvasive imaging modality or modalities used must be the 20 same as, or comparable to, the modality or modalities used for the breast 21 cancer screening study. NOTWITHSTANDING OTHER COVERAGE 22 PROVISIONS OF SUBSECTION (18)(b.5)(I) OF THIS SECTION, A POLICY OR 23 CONTRACT SUBJECT TO THIS SUBSECTION (18) MUST COVER AN ANNUAL

-2-

1	BREAST CANCER SCREENING USING THE APPROPRIATE NONINVASIVE
2	IMAGING MODALITY OR COMBINATION OF MODALITIES RECOGNIZED BY THE
3	AMERICAN COLLEGE OF RADIOLOGY OR THE NATIONAL COMPREHENSIVE
4	CANCER NETWORK, OR THEIR SUCCESSOR ENTITIES, FOR ALL INDIVIDUALS
5	POSSESSING AT LEAST ONE RISK FACTOR FOR BREAST CANCER, INCLUDING:
6	(A) A FAMILY HISTORY OF BREAST CANCER;
7	(B) BEING FORTY YEARS OF AGE OR OLDER; OR
8	(C) AN INCREASED LIFETIME RISK OF BREAST CANCER DETERMINED
9	BY A RISK FACTOR MODEL, SUCH AS TYRER-CUZICK, BRCAPRO, OR GAIL,
10	OR BY OTHER CLINICALLY APPROPRIATE RISK ASSESSMENT MODELS.
11	(B) If the noninvasive imaging modality is recommended by the
12	covered person's provider and the breast imaging is within appropriate use
13	guidelines as determined by the American College of Radiology, the
14	National Comprehensive Cancer Network, or their successor entities, the
15	covered person is not responsible for any cost-sharing amounts.
16	(C) If the covered person receives more than one breast imaging
17	that is in excess of what is recommended by the American College of
18	Radiology, the National Comprehensive Cancer Network, or their
19	successor entities, in a given calendar year or contract year, the other
20	benefit provisions in the policy or contract apply with respect to the
21	additional breast imaging.
22	(III) Benefits for preventive breast cancer screening studies and
23	breast imaging are determined on a calendar year or a contract year basis.
24	The preventive and diagnostic coverages provided pursuant to this
25	subsection (18)(b.5) do not diminish or limit diagnostic benefits otherwise
26	allowable under a policy or contract. The COVERAGE REQUIRED
27	PURSUANT TO THIS SUBSECTION (18)(b.5) MUST INCLUDE:

-3-

1	(A) A MEDICALLY NECESSARY AND APPROPRIATE DIAGNOSTIC
2	EXAMINATION OF THE BREAST THAT IS USED TO EVALUATE AN
3	ABNORMALITY SEEN OR SUSPECTED FROM A SCREENING EXAMINATION FOR
4	BREAST CANCER OR USED TO EVALUATE AN ABNORMALITY DETECTED BY
5	ANOTHER MEANS OF EXAMINATION; AND
6	(B) A MEDICALLY NECESSARY AND APPROPRIATE SUPPLEMENTAL
7	EXAMINATION OF THE BREAST THAT IS USED TO SCREEN FOR BREAST
8	CANCER WHEN THERE IS NO ABNORMALITY SEEN OR SUSPECTED AND THAT
9	IS BASED ON PERSONAL OR FAMILY MEDICAL HISTORY OR ADDITIONAL
10	FACTORS THAT INCREASE THE INDIVIDUAL'S RISK OF BREAST CANCER
11	INCLUDING HETEROGENEOUSLY OR EXTREMELY DENSE BREASTS.
12	(IV) Notwithstanding the other coverage provisions of this
13	subsection (18)(b.5), a policy or contract subject to this subsection (18)
14	must cover an annual breast cancer screening using the appropriate
15	noninvasive imaging modality or combination of modalities recognized
16	by the American College of Radiology, the National Comprehensive
17	Cancer Network, or their successor entities, for all individuals possessing
18	at least one risk factor for breast cancer, including THE COVERAGE
19	REQUIRED PURSUANT TO THIS SUBSECTION (18)(b.5) MUST COVER THE
20	FOLLOWING SERVICES, WITHOUT COST-SHARING REQUIREMENTS
21	INCLUDING DEDUCTIBLES, COINSURANCE, COPAYMENTS, OR ANY
22	MAXIMUM LIMITATION ON THE APPLICATION OF SUCH DEDUCTIBLES
23	COINSURANCE, OR COPAYMENTS OR SIMILAR OUT-OF-POCKET EXPENSES
24	(A) A family history of breast cancer Breast Cancer screening
25	STUDIES;
26	(B) Being forty years of age or older; or DIAGNOSTIC

EXAMINATIONS OF THE BREAST THAT ARE MEDICALLY NECESSARY AND

27

-4- 296

1	APPROPRIATE, IN ACCORDANCE WITH THE NATIONAL COMPREHENSIVE
2	CANCER NETWORK GUIDELINES, INCLUDING SUCH AN EXAMINATION USING
3	CONTRAST-ENHANCED MAMMOGRAPHY, DIAGNOSTIC MAMMOGRAPHY,
4	BREAST MAGNETIC RESONANCE IMAGING, BREAST ULTRASOUND, OR
5	MOLECULAR BREAST IMAGING; AND
6	(C) An increased lifetime risk of breast cancer determined by a
7	risk factor model such as Tyrer-Cuzick, BRCAPRO, or GAIL or by other
8	clinically appropriate risk assessment models Supplemental
9	EXAMINATIONS OF THE BREAST THAT ARE MEDICALLY NECESSARY AND
10	APPROPRIATE, IN ACCORDANCE WITH THE NATIONAL COMPREHENSIVE
11	CANCER NETWORK GUIDELINES, INCLUDING SUCH AN EXAMINATION USING
12	CONTRAST-ENHANCED MAMMOGRAPHY, BREAST MAGNETIC RESONANCE
13	IMAGING, BREAST ULTRASOUND, OR MOLECULAR BREAST IMAGING.
14	(V) IF APPLICATION OF THIS SUBSECTION (18) WOULD MAKE A
15	COVERED PERSON'S HEALTH SAVINGS ACCOUNT CONTRIBUTIONS
16	INELIGIBLE UNDER SECTION 223 OF THE FEDERAL "INTERNAL REVENUE
17	CODE OF 1986", 26 U.S.C. SEC. 223, THIS SUBSECTION (18) APPLIES TO THE
18	DEDUCTIBLE APPLICABLE TO THE COVERED PERSON'S HEALTH BENEFIT
19	PLAN AFTER THE COVERED PERSON HAS SATISFIED THE MINIMUM
20	DEDUCTIBLE AMOUNT UNDER 26 U.S.C. SEC. 223; EXCEPT THAT, WITH
21	RESPECT TO ITEMS OR SERVICES THAT ARE PREVENTIVE CARE PURSUANT
22	TO 26 U.S.C. SEC. 223 (c)(2)(C), THIS SUBSECTION (18) APPLIES.
23	REGARDLESS OF WHETHER THE MINIMUM DEDUCTIBLE UNDER 26 U.S.C.
24	SEC. 223 HAS BEEN SATISFIED.
25	(c) As used in this subsection (18):
26	(III.5) "Breast cancer screening study" and "breast imaging"
27	mean:

-5- 296

1	(B) A mammogram using a OR OTHER noninvasive imaging
2	modality or modalities, as recommended by the medical provider; or
3	SECTION 2. Act subject to petition - effective date. This act
4	takes effect at 12:01 a.m. on the day following the expiration of the
5	ninety-day period after final adjournment of the general assembly; except
6	that, if a referendum petition is filed pursuant to section 1 (3) of article V
7	of the state constitution against this act or an item, section, or part of this
8	act within such period, then the act, item, section, or part will not take
9	effect unless approved by the people at the general election to be held in
10	November 2026 and, in such case, will take effect on the date of the
11	official declaration of the vote thereon by the governor.

-6- 296