



Senate

General Assembly

File No. 144

January Session, 2003

Substitute Senate Bill No. 1

Senate, April 2, 2003

The Committee on Insurance and Real Estate reported through SEN. CRISCO of the 17th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR CRANIOFACIAL DISORDERS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2003*) Each individual health
2 insurance policy providing coverage of the type specified in
3 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general
4 statutes delivered, issued for delivery, amended, renewed or
5 continued in this state on or after October 1, 2003, shall provide
6 coverage for medically necessary orthodontic processes and appliances
7 for the treatment of craniofacial disorders for individuals eighteen
8 years of age or younger if such processes and appliances are
9 prescribed by a craniofacial team recognized by the American Cleft
10 Palate-Craniofacial Association, except that no coverage shall be
11 required for cosmetic surgery.

12 Sec. 2. (NEW) (*Effective October 1, 2003*) Each group health insurance
13 policy providing coverage of the type specified in subdivisions (1), (2),

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Type	FY 04 \$	FY 05 \$
Comptroller Misc. Accounts (Fringe Benefits)	Various - None	None	None
Insurance Dept.	IF - None	None	None

Note: IF=Insurance Fund

Municipal Impact:

Municipalities	Effect	FY 04 \$	FY 05 \$
Various Municipalities	STATE MANDATE - Cost	Potential Indeterminate	Potential Indeterminate

Explanation

The bill requires certain health insurance policies to cover medically necessary orthodontic processes and appliances for the treatment of craniofacial disorders for persons 18 and under. The state employee and retiree health plans provide this coverage so there is no impact to the state.

Municipal Impact

To the extent that the coverage required under the bill is not currently provided under a municipality's employee health insurance, there may be increased municipal health insurance costs to provide it. The bills impact on municipal health insurance costs will vary by municipality depending on the current coverage and cannot be determined.

OLR Bill Analysis

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AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR CRANIOFACIAL DISORDERS**SUMMARY:**

This bill requires certain individual and group health insurance policies to cover medically necessary orthodontic processes and appliances for treatment of craniofacial disorders for persons 18 and younger. These processes and appliances must be prescribed by a craniofacial team recognized by the American Cleft-Palate-Craniofacial Association. Coverage is not required for cosmetic surgery.

The bill applies to policies delivered, issued for delivery, amended, continued, or renewed in the state on or after October 1, 2003 that pay for (1) basic hospital expenses, (2) basic medical-surgical expenses, (3) major medical expenses, (4) hospital or medical expenses, and (5) hospital and medical expenses covered by HMOs.

EFFECTIVE DATE: October 1, 2003

BACKGROUND***Craniofacial Disorders***

A craniofacial disorder refers to an abnormality of the face or face and head. Craniofacial differences can result from abnormal growth patterns of the face or skull, which involve soft tissue and bones. Cleft lip and/or palate is a separation of the parts or segments of the lip or roof of the mouth, which are usually joined together during the early weeks of an unborn child's development. A cleft lip is a separation of the two sides of the lip and often includes the bones of the maxilla and/or the upper gum. A cleft palate is an opening in the roof of the mouth and can vary in severity. A cleft palate occurs when the two sides of the palate do not fuse as the baby develops.

Craniofacial Team

A craniofacial team organizes and provides long-term,

multidisciplinary, coordinated care for any infant or child with congenital or acquired abnormalities of the craniofacial complex, including structures in the skull, face, and neck. A team generally includes dentists, orthodontists, oral-maxillofacial surgeons, plastic surgeons, pediatricians, otolaryngologists, speech pathologists, social workers, and nurses.

American Cleft Palate-Craniofacial Association (ACPA)

ACPA is an international nonprofit medical society of health care professionals who treat or do research on birth defects of the head and face. It is a multidisciplinary organization of over 2,500 members representing more than 30 disciplines in 40 countries. In 1991, ACPA received funding from the federal government to develop standards for the special needs of children born with cleft lip/palate and craniofacial anomalies.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Change of Reference
Yea 20 Nay 0

Insurance and Real Estate Committee

Joint Favorable Substitute
Yea 15 Nay 1