



General Assembly

January Session, 2003

Amendment

LCO No. 4945

SB0000104945SR0

Offered by:

SEN. SMITH, 14th Dist.

To: Subst. Senate Bill No. 1

File No. 144

Cal. No. 125

**"AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR
CRANIOFACIAL DISORDERS."**

1 After the last section, add the following and renumber sections and
2 internal references accordingly:

3 "Sec. 501. (NEW) (*Effective October 1, 2003*) Each individual health
4 insurance policy providing coverage of the type specified in
5 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general
6 statutes, delivered, issued for delivery, amended, renewed or
7 continued in this state on or after October 1, 2003, that provides
8 coverage for diagnostic, surgical or nonsurgical procedures involving
9 one bone or joint of the skeletal structure shall not exclude or deny the
10 same coverage for the same diagnostic, surgical or nonsurgical
11 procedure on any other bone or joint within the skeletal structure,
12 except that such policy may impose a lifetime limit of two thousand
13 five hundred dollars for procedures related to the temporomandibular
14 joint.

15 Sec. 502. (NEW) (*Effective October 1, 2003*) Each group health
16 insurance policy providing coverage of the type specified in
17 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general
18 statutes, delivered, issued for delivery, amended, renewed or
19 continued in this state on or after October 1, 2003, that provides
20 coverage for diagnostic, surgical or nonsurgical procedures involving
21 one bone or joint of the skeletal structure shall not exclude or deny the
22 same coverage for the same diagnostic, surgical or nonsurgical
23 procedure on any other bone or joint within the skeletal structure,
24 except that such policy may impose a lifetime limit of two thousand
25 five hundred dollars for procedures related to the temporomandibular
26 joint."