



# House of Representatives

General Assembly

**File No. 109**

February Session, 2004

House Bill No. 5464

*House of Representatives, March 17, 2004*

The Committee on Insurance and Real Estate reported through REP. OREFICE of the 37th Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

## **AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR WIGS FOR CHEMOTHERAPY PATIENTS.**

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

1 Section 1. Section 38a-504 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2004*):

3 (a) [Any] Each insurance company, hospital service corporation,  
4 medical service corporation, health care center or fraternal benefit  
5 society which delivers or issues for delivery in this state individual  
6 health insurance policies providing coverage of the type specified in  
7 subdivisions (1), (2), (4), (10), (11) and (12) of section 38a-469, shall  
8 provide coverage under such policies for the surgical removal of  
9 tumors and treatment of leukemia, including outpatient  
10 chemotherapy, reconstructive surgery, cost of any nondental  
11 prosthesis including any maxillo-facial prosthesis used to replace  
12 anatomic structures lost during treatment for head and neck tumors or  
13 additional appliances essential for the support of such prosthesis,

14 [and] outpatient chemotherapy following surgical procedure in  
15 connection with the treatment of tumors, and a wig if prescribed by a  
16 licensed oncologist for a patient who suffers hair loss as a result of  
17 chemotherapy. Such benefits shall be subject to the same terms and  
18 conditions applicable to all other benefits under such policies.

19 (b) Except as provided in subsection (c) of this section, the coverage  
20 required by subsection (a) of this section shall provide at least a yearly  
21 benefit of five hundred dollars for the surgical removal of tumors, five  
22 hundred dollars for reconstructive surgery, five hundred dollars for  
23 outpatient chemotherapy, three hundred fifty dollars for a wig and  
24 three hundred dollars for prosthesis, except that for purposes of the  
25 surgical removal of breasts due to tumors the yearly benefit for  
26 prosthesis shall be at least three hundred dollars for each breast  
27 removed.

28 (c) The coverage required by subsection (a) of this section shall  
29 provide benefits for the reasonable costs of reconstructive surgery on  
30 each breast on which a mastectomy has been performed, and  
31 reconstructive surgery on a nondiseased breast to produce a  
32 symmetrical appearance. Such benefits shall be subject to the same  
33 terms and conditions applicable to all other benefits under such  
34 policies. For the purposes of this subsection, reconstructive surgery  
35 includes, but is not limited to, augmentation mammoplasty, reduction  
36 mammoplasty and mastopexy.

37 Sec. 2. Section 38a-542 of the general statutes is repealed and the  
38 following is substituted in lieu thereof (*Effective October 1, 2004*):

39 (a) [Any] Each insurance company, hospital service corporation,  
40 medical service corporation, health care center or fraternal benefit  
41 society which delivers or issues for delivery in this state group health  
42 insurance policies providing coverage of the type specified in  
43 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 shall provide  
44 coverage under such policies for treatment of leukemia, including  
45 outpatient chemotherapy, reconstructive surgery, cost of any

46 nondental prosthesis, including any maxillo-facial prosthesis used to  
 47 replace anatomic structures lost during treatment for head and neck  
 48 tumors or additional appliances essential for the support of such  
 49 prosthesis, outpatient chemotherapy following surgical procedures in  
 50 connection with the treatment of tumors, [and] a wig if prescribed by a  
 51 licensed oncologist for a patient who suffers hair loss as a result of  
 52 chemotherapy, and costs of removal of any breast implant which was  
 53 implanted on or before July 1, 1994, without regard to the purpose of  
 54 such implantation, which removal is determined to be medically  
 55 necessary. Such benefits shall be subject to the same terms and  
 56 conditions applicable to all other benefits under such policies.

57 (b) Except as provided in subsection (c) of this section, the coverage  
 58 required by subsection (a) of this section shall provide at least a yearly  
 59 benefit of one thousand dollars for the costs of removal of any breast  
 60 implant, five hundred dollars for the surgical removal of tumors, five  
 61 hundred dollars for reconstructive surgery, five hundred dollars for  
 62 outpatient chemotherapy, three hundred fifty dollars for a wig and  
 63 three hundred dollars for prosthesis, except that for purposes of the  
 64 surgical removal of breasts due to tumors the yearly benefit for  
 65 prosthesis shall be at least three hundred dollars for each breast  
 66 removed.

67 (c) The coverage required by subsection (a) of this section shall  
 68 provide benefits for the reasonable costs of reconstructive surgery on  
 69 each breast on which a mastectomy has been performed, and  
 70 reconstructive surgery on a nondiseased breast to produce a  
 71 symmetrical appearance. Such benefits shall be subject to the same  
 72 terms and conditions applicable to all other benefits under such  
 73 policies. For the purposes of this subsection, reconstructive surgery  
 74 includes, but is not limited to, augmentation mammoplasty, reduction  
 75 mammoplasty and mastopexy.

This act shall take effect as follows:	
Section 1	October 1, 2004
Sec. 2	October 1, 2004

**INS**      *Joint Favorable*

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-Effect	FY 05 \$	FY 06 \$
State Comptroller - Fringe Benefits	Various - Cost	Minimal	Minimal
Insurance Dept.	IF - None	None	None

Note: IF=Insurance Fund

**Municipal Impact:**

Municipalities	Effect	FY 05 \$	FY 06 \$
Various Municipalities	STATE MANDATE - Potential Cost	Indeterminate	Indeterminate

**Explanation**

The coverage of wigs for chemotherapy patients is not provided under the current state employee plans. The Office of the Comptroller has indicated that there would be a minimal cost associated with the limited coverage of wigs for chemotherapy patients provided under the bill. It is anticipated that this cost would be incurred in FY 06 when the state is expected to enter into new health insurance contracts.

The bill’s impact on municipal health insurance cost will vary by municipality depending on the current coverage. To the extent that limited coverage of wigs for chemotherapy patients is not provided under a municipality’s employee health insurance policy, there would be increased municipal costs to provide it.

**OLR Bill Analysis**

HB 5464

**AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR WIGS FOR CHEMOTHERAPY PATIENTS****SUMMARY:**

This bill requires certain health insurance policies to provide coverage of at least \$350 per year for a wig prescribed by a licensed oncologist for a patient who suffers hair loss as a result of chemotherapy.

The bill applies to individual and group health insurance policies delivered or issued for delivery in Connecticut after September 30, 2004 that cover (1) basic hospital expenses, (2) basic medical-surgical expenses, (3) major medical expenses, (4) limited benefit expenses (individual policies only), or (5) hospital or medical services.

EFFECTIVE DATE: October 1, 2004

**COMMITTEE ACTION**

Insurance and Real Estate Committee

Joint Favorable Report

Yea 15    Nay 2