



General Assembly

February Session, 2004

**Raised Bill No. 5464**

LCO No. 1751

\*01751\_\_\_\_\_INS\*

Referred to Committee on Insurance and Real Estate

Introduced by:  
(INS)

**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 Section 38a-504 of the general statutes is repealed and the  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	<i>October 1, 2004</i>
Sec. 2	<i>October 1, 2004</i>

**Statement of Purpose:**

To require health insurance coverage for wigs for cancer patients who suffer hair loss from chemotherapy when such wig is prescribed by an oncologist.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*