



General Assembly

Amendment

January Session, 2005

LCO No. 5937

HB0691505937HDO

Offered by:

REP. FELTMAN, 6th Dist.

SEN. HERLIHY, 8th Dist.

To: Subst. House Bill No. 6915

File No. 265

Cal. No. 240

"AN ACT CONCERNING PORTABILITY UNDER PLANS ISSUED THROUGH THE HEALTH REINSURANCE ASSOCIATION."

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

3 "Sec. 501. Section 38a-504 of the general statutes is repealed and the
4 following is substituted in lieu thereof (*Effective October 1, 2005*):

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

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

21 (b) Except as provided in subsection (c) of this section, the coverage
22 required by subsection (a) of this section shall provide at least a yearly
23 benefit of five hundred dollars for the surgical removal of tumors, five
24 hundred dollars for reconstructive surgery, five hundred dollars for
25 outpatient chemotherapy, three hundred fifty dollars for a wig and the
26 greater of three hundred dollars or the amount allowed in section 503
27 of this act for prosthesis, except that for purposes of the surgical
28 removal of breasts due to tumors the yearly benefit for prosthesis shall
29 be at least three hundred dollars for each breast removed.

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

39 Sec. 502. Section 38a-542 of the general statutes is repealed and the
40 following is substituted in lieu thereof (*Effective October 1, 2005*):

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

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

59 (b) Except as provided in subsection (c) of this section, the coverage
60 required by subsection (a) of this section shall provide at least a yearly
61 benefit of one thousand dollars for the costs of removal of any breast
62 implant, five hundred dollars for the surgical removal of tumors, five
63 hundred dollars for reconstructive surgery, five hundred dollars for
64 outpatient chemotherapy, three hundred fifty dollars for a wig and the
65 greater of three hundred dollars or the amount allowed in section 504
66 of this act for prosthesis, except that for purposes of the surgical
67 removal of breasts due to tumors the yearly benefit for prosthesis shall
68 be at least three hundred dollars for each breast removed.

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

78 Sec. 503. (NEW) (*Effective October 1, 2005*) Each individual health
79 insurance policy providing coverage of the type specified in

80 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general
81 statutes delivered, issued for delivery, amended, renewed or
82 continued in this state on or after October 1, 2005, shall provide
83 coverage for prosthetic devices that, at a minimum, equals the
84 coverage and payment for prosthetic devices provided under federal
85 laws and regulations for the aged and disabled pursuant to 42 USC
86 1395k, 42 USC 1395l, 42 USC 1395m and 42 CFR 414.202, 42 CFR
87 414.210, 42 CFR 414.228 and 42 CFR 410.100, except that in no event
88 shall such coverage be less than the coverage provided in section 38a-
89 504 of the general statutes, as amended by this act. Coverage shall be
90 provided for a prosthetic device determined by the insured's provider
91 to be the most appropriate to meet the medical needs of the insured.

92 Sec. 504. (NEW) (*Effective October 1, 2005*) Each group health
93 insurance policy providing coverage of the type specified in
94 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general
95 statutes delivered, issued for delivery, amended, renewed or
96 continued in this state on or after October 1, 2005, shall provide
97 coverage for prosthetic devices that, at a minimum, equals the
98 coverage and payment for prosthetic devices provided under federal
99 laws and regulations for the aged and disabled pursuant to 42 USC
100 1395k, 42 USC 1395l, 42 USC 1395m and 42 CFR 414.202, 42 CFR
101 414.210, 42 CFR 414.228 and 42 CFR 410.100, except that in no event
102 shall such coverage be less than the coverage provided in section 38a-
103 542 of the general statutes, as amended by this act. Coverage shall be
104 provided for a prosthetic device determined by the insured's provider
105 to be the most appropriate to meet the medical needs of the insured."