



General Assembly

Amendment

January Session, 2005

LCO No. 6764

SB0002406764SR0

Offered by:

SEN. HERLIHY, 8th Dist.

REP. FELTMAN, 6th Dist.

To: Senate Bill No. 24

File No. 147

Cal. No. 178

"AN ACT EXTENDING HEALTH INSURANCE COVERAGE BASED ON MILITARY SERVICE."

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 Section 38a-504 of the general statutes is repealed and the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*) (a) 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 coverage and payment under this subsection (1) be less than the
89 coverage and payment provided in section 38a-504 of the general
90 statutes, as amended by this act, and (2) be required in excess of six
91 thousand dollars per limb. Coverage and payment shall be provided
92 for a prosthetic device determined by the insured's provider to be the
93 most appropriate to meet the medical needs of the insured.

94 (b) Such policy shall also provide coverage and payment for repair
95 or replacement of a prosthetic device if repair or replacement is
96 determined appropriate by the insured's provider, except that in no
97 event shall coverage and payment under this subsection be required in
98 excess of six thousand dollars per limb.

99 (c) Benefits under this section shall be subject to the same terms and
100 conditions applicable to all other benefits under such policies.

101 (d) Coverage under this section shall not be required for a prosthetic
102 device that contains a microprocessor or that is designed exclusively
103 for athletic purposes.

104 (e) As used in this section, "prosthetic device" means an artificial
105 device to replace, in whole or in part, an arm or a leg.

106 Sec. 504. (NEW) (*Effective October 1, 2005*) (a) Each group health
107 insurance policy providing coverage of the type specified in
108 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general
109 statutes delivered, issued for delivery, amended, renewed or
110 continued in this state on or after October 1, 2005, shall provide
111 coverage for prosthetic devices that, at a minimum, equals the

112 coverage and payment for prosthetic devices provided under federal
113 laws and regulations for the aged and disabled pursuant to 42 USC
114 1395k, 42 USC 1395l, 42 USC 1395m and 42 CFR 414.202, 42 CFR
115 414.210, 42 CFR 414.228 and 42 CFR 410.100, except that in no event
116 shall coverage and payment under this subsection (1) be less than the
117 coverage and payment provided in section 38a-542 of the general
118 statutes, as amended by this act, and (2) be required in excess of six
119 thousand dollars per limb. Coverage and payment shall be provided
120 for a prosthetic device determined by the insured's provider to be the
121 most appropriate to meet the medical needs of the insured.

122 (b) Such policy shall also provide coverage and payment for repair
123 or replacement of a prosthetic device if repair or replacement is
124 determined appropriate by the insured's provider, except that in no
125 event shall coverage and payment under this subsection be required in
126 excess of six thousand dollars per limb.

127 (c) Benefits under this section shall be subject to the same terms and
128 conditions applicable to all other benefits under such policies.

129 (d) Coverage under this section shall not be required for a prosthetic
130 device that contains a microprocessor or that is designed exclusively
131 for athletic purposes.

132 (e) As used in this section, "prosthetic device" means an artificial
133 device to replace, in whole or in part, an arm or a leg."