



General Assembly

February Session, 2008

***Raised Bill No. 5527***

LCO No. 1603

\*01603\_\_\_\_\_INS\*

Referred to Committee on Insurance and Real Estate

Introduced by:  
(INS)

***AN ACT PROVIDING INSURANCE COVERAGE FOR PROSTHESES.***

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

1 Section 1. (NEW) (*Effective January 1, 2009*) (a) Each individual  
2 health insurance policy providing coverage of the type specified in  
3 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general  
4 statutes delivered, issued for delivery, amended, renewed or  
5 continued in this state on or after January 1, 2009, shall provide  
6 coverage for prosthetic devices, except that (1) in no event shall  
7 coverage under this subsection be less than the coverage provided in  
8 section 38a-504 of the general statutes, as amended by this act, and (2)  
9 such policy may limit benefits under this subsection to a maximum of  
10 seven thousand five hundred dollars per limb. Coverage shall be  
11 provided for a prosthetic device determined by the insured's provider  
12 to be the most appropriate to meet the medical needs of the insured.

13 (b) Such policy shall also provide coverage for repair or replacement  
14 of such prosthetic devices if repair or replacement is determined  
15 appropriate by the insured's provider, except that (1) in no event shall  
16 coverage under this subsection be less than the coverage provided in  
17 section 38a-504 of the general statutes, as amended by this act, and (2)

18 such policy may limit benefits under this subsection to a maximum of  
19 seven thousand five hundred dollars per limb.

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

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

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

27 Sec. 2. (NEW) (*Effective January 1, 2009*) (a) Each group health  
28 insurance policy providing coverage of the type specified in  
29 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general  
30 statutes delivered, issued for delivery, amended, renewed or  
31 continued in this state on or after January 1, 2009, shall provide  
32 coverage for prosthetic devices, except that (1) in no event shall  
33 coverage under this subsection be less than the coverage provided in  
34 section 38a-542 of the general statutes, as amended by this act, and (2)  
35 such policy may limit benefits under this subsection to a maximum of  
36 seven thousand five hundred dollars per limb. Coverage shall be  
37 provided for a prosthetic device determined by the insured's provider  
38 to be the most appropriate to meet the medical needs of the insured.

39 (b) Such policy shall also provide coverage for repair or replacement  
40 of such prosthetic devices if repair or replacement is determined  
41 appropriate by the insured's provider, except that (1) in no event shall  
42 coverage under this subsection be less than the coverage provided in  
43 section 38a-542 of the general statutes, as amended by this act, and (2)  
44 such policy may limit benefits under this subsection to a maximum of  
45 seven thousand five hundred dollars per limb.

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

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

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

53 Sec. 3. Section 38a-504 of the general statutes is repealed and the  
54 following is substituted in lieu thereof (*Effective January 1, 2009*):

55 (a) Each insurance company, hospital service corporation, medical  
56 service corporation, health care center or fraternal benefit society  
57 [which] that delivers, [or] issues for delivery, renews, amends or  
58 continues in this state individual health insurance policies providing  
59 coverage of the type specified in subdivisions (1), (2), (4), (10), (11) and  
60 (12) of section 38a-469, shall provide coverage under such policies for  
61 the surgical removal of tumors and treatment of leukemia, including  
62 outpatient chemotherapy, reconstructive surgery, cost of any  
63 nondental prosthesis including any maxillo-facial prosthesis used to  
64 replace anatomic structures lost during treatment for head and neck  
65 tumors or additional appliances essential for the support of such  
66 prosthesis, outpatient chemotherapy following surgical procedure in  
67 connection with the treatment of tumors, and a wig if prescribed by a  
68 licensed oncologist for a patient who suffers hair loss as a result of  
69 chemotherapy. Such benefits shall be subject to the same terms and  
70 conditions applicable to all other benefits under such policies.

71 (b) Except as provided in subsection (c) of this section, the coverage  
72 required by subsection (a) of this section shall provide at least a yearly  
73 benefit of five hundred dollars for the surgical removal of tumors, five  
74 hundred dollars for reconstructive surgery, five hundred dollars for  
75 outpatient chemotherapy, three hundred fifty dollars for a wig and the  
76 greater of three hundred dollars for prosthesis or the amount allowed  
77 in section 1 of this act, except that for purposes of the surgical removal  
78 of breasts due to tumors the yearly benefit for prosthesis shall be at  
79 least three hundred dollars for each breast removed.

80 (c) The coverage required by subsection (a) of this section shall  
81 provide benefits for the reasonable costs of reconstructive surgery on  
82 each breast on which a mastectomy has been performed, and  
83 reconstructive surgery on a nondiseased breast to produce a  
84 symmetrical appearance. Such benefits shall be subject to the same  
85 terms and conditions applicable to all other benefits under such  
86 policies. For the purposes of this subsection, reconstructive surgery  
87 includes, but is not limited to, augmentation mammoplasty, reduction  
88 mammoplasty and mastopexy.

89 Sec. 4. Section 38a-542 of the general statutes is repealed and the  
90 following is substituted in lieu thereof (*Effective January 1, 2009*):

91 (a) Each insurance company, hospital service corporation, medical  
92 service corporation, health care center or fraternal benefit society  
93 [which] that delivers, [or] issues for delivery, renews, amends or  
94 continues in this state group health insurance policies providing  
95 coverage of the type specified in subdivisions (1), (2), (4), (11) and (12)  
96 of section 38a-469 shall provide coverage under such policies for  
97 treatment of leukemia, including outpatient chemotherapy,  
98 reconstructive surgery, cost of any nondental prosthesis, including any  
99 maxillo-facial prosthesis used to replace anatomic structures lost  
100 during treatment for head and neck tumors or additional appliances  
101 essential for the support of such prosthesis, outpatient chemotherapy  
102 following surgical procedures in connection with the treatment of  
103 tumors, a wig if prescribed by a licensed oncologist for a patient who  
104 suffers hair loss as a result of chemotherapy, and costs of removal of  
105 any breast implant which was implanted on or before July 1, 1994,  
106 without regard to the purpose of such implantation, which removal is  
107 determined to be medically necessary. Such benefits shall be subject to  
108 the same terms and conditions applicable to all other benefits under  
109 such policies.

110 (b) Except as provided in subsection (c) of this section, the coverage  
111 required by subsection (a) of this section shall provide at least a yearly

112 benefit of one thousand dollars for the costs of removal of any breast  
 113 implant, five hundred dollars for the surgical removal of tumors, five  
 114 hundred dollars for reconstructive surgery, five hundred dollars for  
 115 outpatient chemotherapy, three hundred fifty dollars for a wig and the  
 116 greater of three hundred dollars or the amount allowed in section 2 of  
 117 this act for prosthesis, except that for purposes of the surgical removal  
 118 of breasts due to tumors the yearly benefit for prosthesis shall be at  
 119 least three hundred dollars for each breast removed.

120 (c) The coverage required by subsection (a) of this section shall  
 121 provide benefits for the reasonable costs of reconstructive surgery on  
 122 each breast on which a mastectomy has been performed, and  
 123 reconstructive surgery on a nondiseased breast to produce a  
 124 symmetrical appearance. Such benefits shall be subject to the same  
 125 terms and conditions applicable to all other benefits under such  
 126 policies. For the purposes of this subsection, reconstructive surgery  
 127 includes, but is not limited to, augmentation mammoplasty, reduction  
 128 mammoplasty and mastopexy.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2009</i>	New section
Sec. 2	<i>January 1, 2009</i>	New section
Sec. 3	<i>January 1, 2009</i>	38a-504
Sec. 4	<i>January 1, 2009</i>	38a-542

**Statement of Purpose:**

To provide insurance coverage for prostheses.

*[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.]*