



General Assembly

January Session, 2009

Raised Bill No. 5673

LCO No. 2390

02390_____INS

Referred to Committee on Insurance and Real Estate

Introduced by:
(INS)

**AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR WIGS
FOR INDIVIDUALS WITH PERMANENT HAIR LOSS.**

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 Section 38a-504 of the general statutes is repealed and the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, 2009*):

3 (a) Each insurance company, hospital service corporation, medical
4 service corporation, health care center or fraternal benefit society
5 [which] that delivers, [or] issues for delivery, renews, amends or
6 continues in this state individual health insurance policies providing
7 coverage of the type specified in subdivisions (1), (2), (4), (10), (11) and
8 (12) of section 38a-469, shall provide coverage under such policies for
9 the surgical removal of tumors and treatment of leukemia, including
10 outpatient chemotherapy, reconstructive surgery, cost of any
11 nondental prosthesis including any maxillo-facial prosthesis used to
12 replace anatomic structures lost during treatment for head and neck
13 tumors or additional appliances essential for the support of such
14 prosthesis, 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 a nondental prosthesis, except that for
25 purposes of the surgical removal of breasts due to tumors the yearly
26 benefit for such prosthesis shall be at least three hundred dollars for
27 each breast 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 (d) In addition to the requirements set forth in subsections (a) and
38 (b) of this section, on and after January 1, 2012, each insurance
39 company, hospital service corporation, medical service corporation,
40 health care center or fraternal benefit society that delivers, issues for
41 delivery, renews, amends or continues in this state individual health
42 insurance policies providing coverage of the type specified in
43 subdivisions (1), (2), (4), (10), (11) and (12) of section 38a-469 shall
44 provide coverage under such policies for a wig prescribed by a
45 physician for a patient who suffers permanent hair loss.

46 Sec. 2. Section 38a-542 of the general statutes is repealed and the
47 following is substituted in lieu thereof (*Effective October 1, 2009*):

48 (a) Each insurance company, hospital service corporation, medical
49 service corporation, health care center or fraternal benefit society
50 [which] that delivers, [or] issues for delivery, renews, amends or
51 continues in this state group health insurance policies providing
52 coverage of the type specified in subdivisions (1), (2), (4), (11) and (12)
53 of section 38a-469 shall provide coverage under such policies for
54 treatment of leukemia, including outpatient chemotherapy,
55 reconstructive surgery, cost of any nondental prosthesis, including any
56 maxillo-facial prosthesis used to replace anatomic structures lost
57 during treatment for head and neck tumors or additional appliances
58 essential for the support of such prosthesis, outpatient chemotherapy
59 following surgical procedures in connection with the treatment of
60 tumors, a wig if prescribed by a licensed oncologist for a patient who
61 suffers hair loss as a result of chemotherapy, and costs of removal of
62 any breast implant which was implanted on or before July 1, 1994,
63 without regard to the purpose of such implantation, which removal is
64 determined to be medically necessary. Such benefits shall be subject to
65 the same terms and conditions applicable to all other benefits under
66 such policies.

67 (b) Except as provided in subsection (c) of this section, the coverage
68 required by subsection (a) of this section shall provide at least a yearly
69 benefit of one thousand dollars for the costs of removal of any breast
70 implant, five hundred dollars for the surgical removal of tumors, five
71 hundred dollars for reconstructive surgery, five hundred dollars for
72 outpatient chemotherapy, three hundred fifty dollars for a wig and
73 three hundred dollars for a nondental prosthesis, except that for
74 purposes of the surgical removal of breasts due to tumors the yearly
75 benefit for such prosthesis shall be at least three hundred dollars for
76 each breast removed.

77 (c) The coverage required by subsection (a) of this section shall
78 provide benefits for the reasonable costs of reconstructive surgery on
79 each breast on which a mastectomy has been performed, and
80 reconstructive surgery on a nondiseased breast to produce a

81 symmetrical appearance. Such benefits shall be subject to the same
82 terms and conditions applicable to all other benefits under such
83 policies. For the purposes of this subsection, reconstructive surgery
84 includes, but is not limited to, augmentation mammoplasty, reduction
85 mammoplasty and mastopexy.

86 (d) In addition to the requirements set forth in subsections (a) and
87 (b) of this section, on and after January 1, 2012, each insurance
88 company, hospital service corporation, medical service corporation,
89 health care center or fraternal benefit society that delivers, issues for
90 delivery, renews, amends or continues in this state group health
91 insurance policies providing coverage of the type specified in
92 subdivisions (1), (2), (4), (10), (11) and (12) of section 38a-469 shall
93 provide coverage under such policies for a wig prescribed by a
94 physician for a patient who suffers permanent hair loss.

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

Statement of Purpose:

To treat individuals who suffer from permanent hair loss in the same manner as individuals who suffer hair loss due to chemotherapy treatment.

[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.]