



House of Representatives

General Assembly

File No. 215

February Session, 2010

Substitute House Bill No. 5212

House of Representatives, March 30, 2010

The Committee on Insurance and Real Estate reported through REP. FONTANA, S. of the 87th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING INSURANCE COVERAGE FOR THE TREATMENT OF BLEEDING DISEASES.

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

1 Section 1. (NEW) (*Effective January 1, 2011*) (a) As used in this
2 section:

3 (1) "Bleeding disease specialty home care pharmacy" means a
4 pharmacy licensed under section 20-594 of the general statutes that
5 provides to persons with bleeding diseases:

6 (A) A full range of clotting medications and access to on-site
7 pharmacy staff;

8 (B) Ancillary services, equipment and supplies necessary for home
9 infusions of clotting medications;

10 (C) Home care services, including, but not limited to, visiting
11 nurses;

12 (D) Biohazard waste disposal services;

13 (E) Access twenty-four hours each day to client support services
14 that include, but are not limited to, assistance with third-party
15 insurance reimbursement and third-party insurance benefits
16 coordination; and

17 (F) Ongoing client education.

18 (2) "Bleeding disease" means a medical condition characterized by a
19 deficiency or absence of one or more essential blood clotting proteins
20 in the human blood, including, but not limited to, all forms of
21 hemophilia, Von Willebrand disease and any other bleeding disease
22 that results in uncontrollable bleeding or abnormal blood clotting.

23 (3) "Clotting medications" means intravenously administered
24 medicines manufactured from human plasma or recombinant
25 biotechnology techniques, approved for distribution by the federal
26 Food and Drug Administration and used for the treatment and
27 prevention of symptoms associated with bleeding diseases. The term
28 includes:

29 (A) Factor VIIa, Factor VIII and Factor IX products;

30 (B) Von Willebrand Factor products;

31 (C) Prothrombin complex concentrates;

32 (D) Activated prothrombin complex concentrates; and

33 (E) Other products approved by the federal Food and Drug
34 Administration for the treatment of bleeding diseases and associated
35 inhibitors.

36 (b) Each individual health insurance policy providing coverage of
37 the type specified in subdivisions (1), (2), (4), (11) and (12) of section
38 38a-469 of the general statutes, that is delivered, issued for delivery,
39 renewed, amended or continued in this state shall provide (1) access to
40 and coverage for medically necessary services, equipment and

41 supplies provided by a bleeding disease specialty home care
42 pharmacy, and (2) coverage for all clotting medications prescribed by a
43 licensed physician if such policy provides coverage for outpatient
44 prescription drugs approved by the federal Food and Drug
45 Administration.

46 Sec. 2. (NEW) (*Effective January 1, 2011*) (a) As used in this section:

47 (1) "Bleeding disease specialty home care pharmacy" means a
48 pharmacy licensed under section 20-594 of the general statutes that
49 provides to persons with bleeding diseases:

50 (A) A full range of clotting medications and access to on-site
51 pharmacy staff;

52 (B) Ancillary services, equipment and supplies necessary for home
53 infusions of clotting medications;

54 (C) Home care services, including, but not limited to, visiting
55 nurses;

56 (D) Biohazard waste disposal services;

57 (E) Access twenty-four hours each day to client support services
58 that include, but are not limited to, assistance with third-party
59 insurance reimbursement and third-party insurance benefits
60 coordination; and

61 (F) Ongoing client education.

62 (2) "Bleeding disease" means a medical condition characterized by a
63 deficiency or absence of one or more essential blood clotting proteins
64 in the human blood, including, but not limited to, all forms of
65 hemophilia, Von Willebrand disease and any other bleeding disease
66 that results in uncontrollable bleeding or abnormal blood clotting.

67 (3) "Clotting medications" means intravenously administered
68 medicines manufactured from human plasma or recombinant
69 biotechnology techniques, approved for distribution by the federal

70 Food and Drug Administration and used for the treatment and
71 prevention of symptoms associated with bleeding diseases. The term
72 includes:

73 (A) Factor VIIa, Factor VIII and Factor IX products;

74 (B) Von Willebrand Factor products;

75 (C) Prothrombin complex concentrates;

76 (D) Activated prothrombin complex concentrates; and

77 (E) Other products approved by the federal Food and Drug
78 Administration for the treatment of bleeding diseases and associated
79 inhibitors.

80 (b) Each group health insurance policy providing coverage of the
81 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
82 469 of the general statutes, that is delivered, issued for delivery,
83 renewed, amended or continued in this state shall provide (1) access to
84 and coverage for medically necessary services, equipment and
85 supplies provided by a bleeding disease specialty home care
86 pharmacy, and (2) coverage for all clotting medications prescribed by a
87 licensed physician if such policy provides coverage for outpatient
88 prescription drugs approved by the federal Food and Drug
89 Administration.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2011	New section
Sec. 2	January 1, 2011	New section

INS Joint Favorable Subst.

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact:

Municipalities	Effect	FY 11 \$	FY 12 \$
Various Municipalities	STATE MANDATE - Cost	Potential	Potential

Explanation

The state employee and retiree health plan is not anticipated to be impacted since it currently provides the standard of care for the treatment of persons diagnosed with bleeding disorders. The bill requires access to and coverage for services, equipment and supplies provided by a bleeding disease specialty home care pharmacy. In addition, the mandate requires coverage for all clotting medications. The state plan currently covers home infusion for hemophilia and other bleeding disorders. The state employee and retiree health plan has a network of hemophilia providers that are contracted for hemophilia products (a.k.a. factor products).

The bill may increase costs to certain fully insured municipal plans which do not currently cover the services required. The coverage requirements may result in increased premium costs when municipalities enter into new health insurance contracts after January 1, 2011. Due to federal law, municipalities with self-insured health plans are exempt from state health insurance benefit mandates.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis

sHB 5212

AN ACT CONCERNING INSURANCE COVERAGE FOR THE TREATMENT OF BLEEDING DISEASES.

SUMMARY:

This bill requires certain individual and group health insurance policies to provide (1) access to and coverage for medically necessary services, equipment, and supplies provided by a bleeding disease specialty home care pharmacy and (2) coverage for all clotting medications prescribed by a licensed physician if the policy provides coverage for outpatient prescription drugs approved by the federal Food and Drug Administration (FDA).

The bill applies to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; and (4) hospital or medical services, including coverage under an HMO plan.

Due to federal law (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

EFFECTIVE DATE: January 1, 2011

TERMS AND DEFINITIONS

Under the bill, “bleeding disease specialty home care pharmacy” means a licensed pharmacy that provides the following to individuals with bleeding diseases:

1. a full range of clotting medications and access to on-site pharmacy staff;
2. ancillary services, equipment, and supplies necessary for home

- infusions of clotting medications;
- 3. home care services, including visiting nurses;
- 4. biohazard waste disposal services;
- 5. 24-hour access to client support services, including third-party insurance reimbursement assistance and benefits coordination; and
- 6. ongoing client education.

The bill defines the term “bleeding disease” as a medical condition characterized by a deficiency or absence of one or more essential blood clotting proteins in the human blood, including all forms of hemophilia, Von Willebrand diseases, and any other bleeding diseases resulting in uncontrollable bleeding or abnormal blood clotting.

The bill defines the term “clotting medications” as intravenously administered medicines manufactured from human plasma or recombinant biotechnology techniques, approved for distribution by the FDA and used to treat and prevent symptoms associated with bleeding diseases. It includes:

- 1. Factor VIIa, Factor VIII, and Factor IX products;
- 2. Von Willebrand Factor products;
- 3. Prothrombin complex concentrates;
- 4. Activated prothrombin complex concentrates; and
- 5. other FDA-approved products for the treatment of bleeding diseases and associated inhibitors.

BACKGROUND

Medically Necessary

The law requires policies to include the following definition of “medically necessary.” Medically necessary services are health care

services that a physician, exercising prudent clinical judgment, would provide to a patient to prevent, evaluate, diagnose, or treat an illness, injury, disease, or its symptoms, and that are:

1. in accordance with generally accepted standards of medical practice;
2. clinically appropriate, in terms of type, frequency, extent, site, and duration and considered effective for the patient's illness, injury, or disease;
3. not primarily for the convenience of the patient, physician, or other health care provider; and
4. not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results.

"Generally accepted standards of medical practice" means standards that are (1) based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community or (2) otherwise consistent with the standards set forth in policy issues involving clinical judgment (CGS §§ 38a-482a and 38a-513c).

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 15 Nay 4 (03/16/2010)