AN ACT CONCERNING DEDUCTIBLES FOR SCREENING COLONOSCOPIES AND SCREENING SIGMOIDOSCOPIES.

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

Section 1. Subsection (b) of section 38a-492k of the 2012 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2013):

(b) No such policy shall impose: [a]

(1) A deductible for a procedure that a physician initially undertakes as a screening colonoscopy or a screening sigmoidoscopy; or

(2) A coinsurance, copayment, deductible or other out-of-pocket expense for any additional colonoscopy ordered in a policy year by a physician for an insured. The provisions of this subdivision shall not apply to a high deductible health plan as that term is used in subsection (f) of section 38a-493.

Sec. 2. Subsection (b) of section 38a-518k of the 2012 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2013):
Senate Bill No. 98

(b) No such policy shall impose: [a]

(1) A deductible for a procedure that a physician initially undertakes as a screening colonoscopy or a screening sigmoidoscopy; or

(2) A coinsurance, copayment, deductible or other out-of-pocket expense for any additional colonoscopy ordered in a policy year by a physician for an insured. The provisions of this [subsection] subdivision shall not apply to a high deductible health plan as that term is used in subsection (f) of section 38a-520.

Approved June 15, 2012