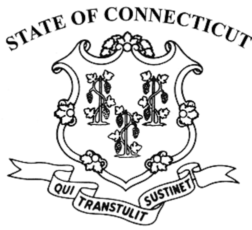

Senate

General Assembly **File No. 242**

January Session, 2017 Substitute Senate Bill No. 586

Senate, March 27, 2017

The Committee on Insurance and Real Estate reported through SEN. LARSON of the 3rd Dist. and SEN. KELLY of the 21st Dist., Chairpersons of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT EXPANDING MANDATED HEALTH BENEFITS FOR WOMEN, CHILDREN AND ADOLESCENTS.

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

1 Section 1. (NEW) (*Effective January 1, 2018*) (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, renewed, amended or
5 continued in this state shall provide coverage for:

6 (1) Domestic and interpersonal violence screening and counseling
7 for any woman;

8 (2) Tobacco use intervention and cessation counseling for any
9 woman who consumes tobacco;

10 (3) Well-woman visits for any woman who is younger than sixty-
11 five years of age;

12 (4) Breast cancer chemoprevention counseling for any woman who
13 is at increased risk for breast cancer due to family history or prior
14 personal history of breast cancer, positive genetic testing or other
15 indications as determined by such woman's physician or advanced
16 practice registered nurse;

17 (5) Breast cancer risk assessment, genetic testing and counseling;

18 (6) Chlamydia infection screening for any sexually active woman;

19 (7) Cervical and vaginal cancer screening for any sexually active
20 woman;

21 (8) Gonorrhea screening for any sexually active woman;

22 (9) Human immunodeficiency virus screening for any sexually
23 active woman;

24 (10) Human papillomavirus screening for any woman with normal
25 cytology results who is thirty years of age or older;

26 (11) Sexually transmitted infections counseling for any sexually
27 active woman;

28 (12) Anemia screening for any pregnant woman and any woman
29 who is likely to become pregnant;

30 (13) Folic acid supplements for any pregnant woman and any
31 woman who is likely to become pregnant;

32 (14) Hepatitis B screening for any pregnant woman;

33 (15) Rhesus incompatibility screening for any pregnant woman and
34 follow-up rhesus incompatibility testing for any pregnant woman who
35 is at increased risk for rhesus incompatibility;

36 (16) Syphilis screening for any pregnant woman and any woman
37 who is at increased risk for syphilis;

38 (17) Urinary tract and other infection screening for any pregnant

39 woman;

40 (18) Breastfeeding support and counseling for any pregnant or
41 breastfeeding woman;

42 (19) Breastfeeding supplies, including, but not limited to, a breast
43 pump for any breastfeeding woman;

44 (20) Gestational diabetes screening for any woman who is twenty-
45 four to twenty-eight weeks pregnant and any woman who is at
46 increased risk for gestational diabetes; and

47 (21) Osteoporosis screening for any woman who is sixty years of age
48 or older.

49 (b) No such policy shall impose a coinsurance, copayment,
50 deductible or other out-of-pocket expense for the benefits and services
51 required under subsection (a) of this section. The provisions of this
52 subsection shall not apply to a high deductible health plan as that term
53 is used in subsection (f) of section 38a-493 of the general statutes.

54 Sec. 2. (NEW) (*Effective January 1, 2018*) (a) Each group health
55 insurance policy providing coverage of the type specified in
56 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general
57 statutes delivered, issued for delivery, renewed, amended or
58 continued in this state shall provide coverage for:

59 (1) Domestic and interpersonal violence screening and counseling
60 for any woman;

61 (2) Tobacco use intervention and cessation counseling for any
62 woman who consumes tobacco;

63 (3) Well-woman visits for any woman who is younger than sixty-
64 five years of age;

65 (4) Breast cancer chemoprevention counseling for any woman who
66 is at increased risk for breast cancer due to family history or prior
67 personal history of breast cancer, positive genetic testing or other

68 indications as determined by such woman's physician or advanced
69 practice registered nurse;

70 (5) Breast cancer risk assessment, genetic testing and counseling;

71 (6) Chlamydia infection screening for any sexually active woman;

72 (7) Cervical and vaginal cancer screening for any sexually active
73 woman;

74 (8) Gonorrhea screening for any sexually active woman;

75 (9) Human immunodeficiency virus screening for any sexually
76 active woman;

77 (10) Human papillomavirus screening for any woman with normal
78 cytology results who is thirty years of age or older;

79 (11) Sexually transmitted infections counseling for any sexually
80 active woman;

81 (12) Anemia screening for any pregnant woman and any woman
82 who is likely to become pregnant;

83 (13) Folic acid supplements for any pregnant woman and any
84 woman who is likely to become pregnant;

85 (14) Hepatitis B screening for any pregnant woman;

86 (15) Rhesus incompatibility screening for any pregnant woman and
87 follow-up rhesus incompatibility testing for any pregnant woman who
88 is at increased risk for rhesus incompatibility;

89 (16) Syphilis screening for any pregnant woman and any woman
90 who is at increased risk for syphilis;

91 (17) Urinary tract and other infection screening for any pregnant
92 woman;

93 (18) Breastfeeding support and counseling for any pregnant or

94 breastfeeding woman;

95 (19) Breastfeeding supplies, including, but not limited to, a breast
96 pump for any breastfeeding woman;

97 (20) Gestational diabetes screening for any woman who is twenty-
98 four to twenty-eight weeks pregnant and any woman who is at
99 increased risk for gestational diabetes; and

100 (21) Osteoporosis screening for any woman who is sixty years of age
101 or older.

102 (b) No such policy shall impose a coinsurance, copayment,
103 deductible or other out-of-pocket expense for the benefits and services
104 required under subsection (a) of this section. The provisions of this
105 subsection shall not apply to a high deductible health plan as that term
106 is used in subsection (f) of section 38a-493 of the general statutes.

107 Sec. 3. (NEW) (*Effective January 1, 2018*) (a) Each individual health
108 insurance policy providing coverage of the type specified in
109 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general
110 statutes delivered, issued for delivery, renewed, amended or
111 continued in this state that provides coverage for prescription drugs
112 shall provide coverage for immunizations recommended by the
113 American Academy of Pediatrics, American Academy of Family
114 Physicians and the American College of Obstetricians and
115 Gynecologists.

116 (b) No such policy shall impose a coinsurance, copayment,
117 deductible or other out-of-pocket expense for the benefits and services
118 required under subsection (a) of this section. The provisions of this
119 subsection shall not apply to a high deductible health plan as that term
120 is used in subsection (f) of section 38a-493 of the general statutes.

121 Sec. 4. (NEW) (*Effective January 1, 2018*) (a) Each group health
122 insurance policy providing coverage of the type specified in
123 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general
124 statutes delivered, issued for delivery, renewed, amended or

125 continued in this state that provides coverage for prescription drugs
126 shall provide coverage for immunizations recommended by the
127 American Academy of Pediatrics, American Academy of Family
128 Physicians and the American College of Obstetricians and
129 Gynecologists.

130 (b) No such policy shall impose a coinsurance, copayment,
131 deductible or other out-of-pocket expense for the benefits and services
132 required under subsection (a) of this section. The provisions of this
133 subsection shall not apply to a high deductible health plan as that term
134 is used in subsection (f) of section 38a-493 of the general statutes.

135 Sec. 5. (NEW) (*Effective January 1, 2018*) (a) Each individual health
136 insurance policy providing coverage of the type specified in
137 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general
138 statutes delivered, issued for delivery, renewed, amended or
139 continued in this state shall provide coverage for preventive care and
140 screenings for individuals twenty-one years of age or younger in
141 accordance with the most recent edition of the American Academy of
142 Pediatrics' "Bright Futures: Guidelines for Health Supervision of
143 Infants, Children, and Adolescents".

144 (b) No such policy shall impose a coinsurance, copayment,
145 deductible or other out-of-pocket expense for the benefits and services
146 required under subsection (a) of this section. The provisions of this
147 subsection shall not apply to a high deductible health plan as that term
148 is used in subsection (f) of section 38a-493 of the general statutes.

149 Sec. 6. (NEW) (*Effective January 1, 2018*) (a) Each group health
150 insurance policy providing coverage of the type specified in
151 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general
152 statutes delivered, issued for delivery, renewed, amended or
153 continued in this state shall provide coverage for preventive care and
154 screenings for individuals twenty-one years of age or younger in
155 accordance with the most recent edition of the American Academy of
156 Pediatrics' "Bright Futures: Guidelines for Health Supervision of
157 Infants, Children, and Adolescents".

158 (b) No such policy shall impose a coinsurance, copayment,
159 deductible or other out-of-pocket expense for the benefits and services
160 required under subsection (a) of this section. The provisions of this
161 subsection shall not apply to a high deductible health plan as that term
162 is used in subsection (f) of section 38a-493 of the general statutes.

163 Sec. 7. Section 38a-503e of the general statutes is repealed and the
164 following is substituted in lieu thereof (*Effective January 1, 2018*):

165 (a) Each individual health insurance policy providing coverage of
166 the type specified in subdivisions (1), (2), (4), (11) and (12) of section
167 38a-469 delivered, issued for delivery, renewed, amended or continued
168 in this state **[**that provides coverage for outpatient prescription drugs
169 approved by the federal Food and Drug Administration shall not
170 exclude coverage for prescription contraceptive methods approved by
171 the federal Food and Drug Administration.**]** shall provide coverage for
172 the following contraceptive methods and services:

173 (1) All contraceptive methods approved by the federal Food and
174 Drug Administration;

175 (2) All sterilization methods approved by the federal Food and Drug
176 Administration;

177 (3) Counseling in (A) contraceptive methods approved by the
178 federal Food and Drug Administration, and (B) the proper use of
179 contraceptive equipment and supplies approved by the federal Food
180 and Drug Administration; and

181 (4) Routine follow-up care concerning contraceptive methods,
182 equipment and supplies approved by the federal Food and Drug
183 Administration.

184 (b) No such policy shall impose a coinsurance, copayment,
185 deductible or other out-of-pocket expense for the benefits and services
186 required under subsection (a) of this section. The provisions of this
187 subsection shall not apply to a high deductible health plan as that term
188 is used in subsection (f) of section 38a-493.

189 (c) No insurance company, hospital service corporation, medical
190 service corporation, health care center or other entity providing
191 coverage of the type specified in subsection (a) of this section may use
192 step therapy, as defined in section 38a-510, or require prior
193 authorization for the benefits and services required under subsection
194 (a) of this section.

195 [(b)] (d) (1) Notwithstanding any other provision of this section, any
196 insurance company, hospital service corporation, medical service
197 corporation, or health care center may issue to a religious employer an
198 individual health insurance policy that excludes coverage for
199 prescription contraceptive methods that are contrary to the religious
200 employer's bona fide religious tenets.

201 (2) Notwithstanding any other provision of this section, upon the
202 written request of an individual who states in writing that prescription
203 contraceptive methods are contrary to such individual's religious or
204 moral beliefs, any insurance company, hospital service corporation,
205 medical service corporation or health care center may issue to the
206 individual an individual health insurance policy that excludes
207 coverage for prescription contraceptive methods.

208 [(c)] (e) Any health insurance policy issued pursuant to subsection
209 [(b)] (d) of this section shall provide written notice to each insured or
210 prospective insured that prescription contraceptive methods are
211 excluded from coverage pursuant to said subsection. Such notice shall
212 appear, in not less than ten-point type, in the policy, application and
213 sales brochure for such policy.

214 [(d)] (f) Nothing in this section shall be construed as authorizing an
215 individual health insurance policy to exclude coverage for prescription
216 drugs ordered by a health care provider with prescriptive authority for
217 reasons other than contraceptive purposes.

218 [(e)] (g) Notwithstanding any other provision of this section, any
219 insurance company, hospital service corporation, medical service
220 corporation or health care center that is owned, operated or

221 substantially controlled by a religious organization that has religious
222 or moral tenets that conflict with the requirements of this section may
223 provide for the coverage of prescription contraceptive methods as
224 required under this section through another such entity offering a
225 limited benefit plan. The cost, terms and availability of such coverage
226 shall not differ from the cost, terms and availability of other
227 prescription coverage offered to the insured.

228 **[**(f)**]** (h) As used in this section, "religious employer" means an
229 employer that is a "qualified church-controlled organization" as
230 defined in 26 USC 3121 or a church-affiliated organization.

231 Sec. 8. Section 38a-530e of the general statutes is repealed and the
232 following is substituted in lieu thereof (*Effective January 1, 2018*):

233 (a) Each group health insurance policy providing coverage of the
234 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
235 469 delivered, issued for delivery, renewed, amended or continued in
236 this state **[**that provides coverage for outpatient prescription drugs
237 approved by the federal Food and Drug Administration shall not
238 exclude coverage for prescription contraceptive methods approved by
239 the federal Food and Drug Administration.**]** shall provide coverage for
240 the following contraceptive methods and services:

241 (1) All contraceptive methods approved by the federal Food and
242 Drug Administration;

243 (2) All sterilization methods approved by the federal Food and Drug
244 Administration;

245 (3) Counseling in (A) contraceptive methods approved by the
246 federal Food and Drug Administration, and (B) the proper use of
247 contraceptive equipment and supplies approved by the federal Food
248 and Drug Administration; and

249 (4) Routine follow-up care concerning contraceptive methods,
250 equipment and supplies approved by the federal Food and Drug
251 Administration.

252 (b) No such policy shall impose a coinsurance, copayment,
253 deductible or other out-of-pocket expense for the benefits and services
254 required under subsection (a) of this section. The provisions of this
255 subsection shall not apply to a high deductible health plan as that term
256 is used in subsection (f) of section 38a-493.

257 (c) No insurance company, hospital service corporation, medical
258 service corporation, health care center or other entity providing
259 coverage of the type specified in subsection (a) of this section may use
260 step therapy, as defined in section 38a-510, or require prior
261 authorization for the benefits and services required under subsection
262 (a) of this section.

263 **[**(b)**]** (d) (1) Notwithstanding any other provision of this section, any
264 insurance company, hospital service corporation, medical service
265 corporation or health care center may issue to a religious employer a
266 group health insurance policy that excludes coverage for prescription
267 contraceptive methods that are contrary to the religious employer's
268 bona fide religious tenets.

269 (2) Notwithstanding any other provision of this section, upon the
270 written request of an individual who states in writing that prescription
271 contraceptive methods are contrary to such individual's religious or
272 moral beliefs, any insurance company, hospital service corporation,
273 medical service corporation or health care center may issue to or on
274 behalf of the individual a policy or rider thereto that excludes coverage
275 for prescription contraceptive methods.

276 **[**(c)**]** (e) Any health insurance policy issued pursuant to subsection
277 **[**(b)**]** (d) of this section shall provide written notice to each insured or
278 prospective insured that prescription contraceptive methods are
279 excluded from coverage pursuant to said subsection. Such notice shall
280 appear, in not less than ten-point type, in the policy, application and
281 sales brochure for such policy.

282 **[**(d)**]** (f) Nothing in this section shall be construed as authorizing a
283 group health insurance policy to exclude coverage for prescription

284 drugs ordered by a health care provider with prescriptive authority for
285 reasons other than contraceptive purposes.

286 [(e)] (g) Notwithstanding any other provision of this section, any
287 insurance company, hospital service corporation, medical service
288 corporation or health care center that is owned, operated or
289 substantially controlled by a religious organization that has religious
290 or moral tenets that conflict with the requirements of this section may
291 provide for the coverage of prescription contraceptive methods as
292 required under this section through another such entity offering a
293 limited benefit plan. The cost, terms and availability of such coverage
294 shall not differ from the cost, terms and availability of other
295 prescription coverage offered to the insured.

296 [(f)] (h) As used in this section, "religious employer" means an
297 employer that is a "qualified church-controlled organization" as
298 defined in 26 USC 3121 or a church-affiliated organization.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*January 1, 2018*	New section
Sec. 2	*January 1, 2018*	New section
Sec. 3	*January 1, 2018*	New section
Sec. 4	*January 1, 2018*	New section
Sec. 5	*January 1, 2018*	New section
Sec. 6	*January 1, 2018*	New section
Sec. 7	*January 1, 2018*	38a-503e
Sec. 8	*January 1, 2018*	38a-530e

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 18 $	FY 19 $
Various Municipalities	Potential Cost	See Below	See Below

Explanation

The bill is not anticipated to result in a cost to the state employee and retiree health plan or fully-insured, non-grandfathered municipal plans to comply with the coverage provisions in the bill. These plans provide coverage for the services specified in the bill pursuant to state or federal law. The only exception is with regards to prohibiting step therapy for contraceptives for certain municipal plans. There may be a cost to fully-insured municipal plans (both non-grandfathered and grandfathered) which require step therapy. The cost will depend on the cost of the drugs used under step therapy as opposed to those prescribed without step therapy.

The bill may result in a cost to certain fully-insured grandfathered plans which do not currently provide coverage for those services required by the federal Affordable Care Act but not mandated by state law, such as breast feeding supplies. The coverage requirements will result in increased premium costs when municipalities enter into new health insurance contracts after January 1, 2018.

Pursuant to federal law, self-insured health plans are exempt from

state health mandates.

The Out Years

The annualized potential fiscal impact identified above will continue in the future and will be reflected in future health premiums.

OLR Bill Analysis
sSB 586

AN ACT EXPANDING MANDATED HEALTH BENEFITS FOR WOMEN, CHILDREN AND ADOLESCENTS.

SUMMARY

This bill requires certain health insurance policies to cover specified women's health care services, including contraception; immunizations for children, adolescents, and adults; and preventive services for children and youth age 21 or younger. The services must be covered in full with no cost sharing (such as coinsurance, copayments, or deductibles). The cost-sharing prohibition does not apply to high deductible health plans designed to be compatible with federally qualified health savings accounts.

Currently, health insurance policies, except grandfathered ones, must cover these services with no cost sharing pursuant to Section 2713 of the federal Patient Protection and Affordable Care Act (P. L. 111-148, as amended). Grandfathered policies are those that were in existence before March 23, 2010 that have not made significant changes to their coverage.

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; or (4) hospital or medical services, including those provided under an HMO plan. Because of the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

EFFECTIVE DATE: January 1, 2018

§§ 1 & 2 — WOMEN'S HEALTH SERVICES

Under the bill, health insurance policies must cover the following services:

1. domestic and interpersonal violence screening and counseling for women;
2. tobacco use intervention and cessation counseling for women who use tobacco;
3. well-woman visits for women younger than age 65;
4. breast cancer chemoprevention counseling for women at increased risk for breast cancer due to family history or prior personal history of breast cancer, positive genetic testing, or other indications as determined by the woman's physician or advanced practice registered nurse;
5. breast cancer risk assessment, genetic testing, and counseling;
6. screening for chlamydia, cervical and vaginal cancer, gonorrhea, and human immunodeficiency virus for sexually active women;
7. human papillomavirus (HPV) screening for women with normal cytology results who are age 30 or older;
8. sexually transmitted infections counseling for sexually active women;
9. anemia screening and folic acid supplements for pregnant women and any women likely to become pregnant;
10. for pregnant women, hepatitis B screening, rhesus incompatibility screening, and follow-up rhesus incompatibility testing if the women are at increased risk for it;
11. syphilis screening for pregnant women and women at increased risk for syphilis;
12. urinary tract and other infection screening for pregnant women;

13. breastfeeding support and counseling for women who are pregnant or breastfeeding;

14. breastfeeding supplies, including a breast pump, for women who are breastfeeding;

15. gestational diabetes screening for women who are 24 to 28 weeks pregnant and women at increased risk for gestational diabetes; and

16. osteoporosis screening for women age 60 or older.

§§ 3 & 4 — IMMUNIZATIONS

The bill requires health insurance policies that cover prescription drugs to also cover immunizations for children, adolescents, and adults that are recommended by the American Academy of Pediatrics, American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists. These include immunizations such as influenza, meningitis, tetanus, HPV, hepatitis A and B, measles, mumps, rubella, and varicella.

§§ 5 & 6 — PREVENTIVE SERVICES FOR CHILDREN AND YOUTH

The bill requires health insurance policies to cover preventive services for people age 21 or younger in accordance with the most recent edition of the American Academy of Pediatrics' *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. These include services such as behavioral and developmental assessments; iron and fluoride supplements; and screening for autism, vision or hearing impairment, lipid disorders, and tuberculosis.

Existing law, unchanged by the bill, requires group health insurance policies to cover preventive pediatric care for a child up to age six (CGS § 38a-535).

§§ 7 & 8 — CONTRACEPTIVE METHODS AND SERVICES

Current law requires health insurance policies that cover outpatient prescription drugs approved by the U.S. Food and Drug

Administration (FDA) to also cover FDA-approved contraceptive methods.

The bill instead requires health insurance policies to cover the following contraceptive methods and services:

1. all FDA-approved contraceptive and sterilization methods;
2. counseling in (a) FDA-approved contraceptive methods and (b) the proper use of FDA-approved contraceptive equipment and supplies; and
3. routine follow-up care concerning FDA-approved contraceptive methods, equipment, and supplies.

The bill prohibits health carriers (e.g., insurers and HMOs) from imposing step therapy or prior authorization requirements on these contraceptive methods and services. (Step therapy is a protocol establishing the sequence for prescribing drugs that generally requires patients to try less expensive drugs before higher cost drugs.)

Under existing law and unchanged by the bill, religious employers and individuals may request that their insurance policies not cover prescriptive contraceptive methods if they are contrary to their bona fide religious tenets.

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable Substitute
Yea 20 Nay 0 (03/09/2017)