



General Assembly

January Session, 2017

Committee Bill No. 586

LCO No. 4798



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

AN ACT EXPANDING MANDATED HEALTH BENEFITS FOR WOMEN, CHILDREN AND ADOLESCENTS, AND REQUIRING THAT THE COMMISSIONER OF SOCIAL SERVICES AMEND THE STATE MEDICAID PLAN TO PROVIDE EXPANDED CONTRACEPTION BENEFITS.

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.

299 Sec. 9. (NEW) (Effective January 1, 2018) (a) The Commissioner of
300 Social Services shall amend the Medicaid state plan to provide
301 coverage for the following contraceptive methods and services:

302 (1) All contraceptive methods approved by the federal Food and
303 Drug Administration;

304 (2) All sterilization methods approved by the federal Food and Drug
 305 Administration;

306 (3) Counseling in (A) contraceptive methods approved by the
 307 federal Food and Drug Administration, and (B) the proper use of
 308 contraceptive equipment and supplies approved by the federal Food
 309 and Drug Administration; and

310 (4) Routine follow-up care concerning contraceptive methods,
 311 equipment and supplies approved by the federal Food and Drug
 312 Administration.

313 (b) The commissioner shall not use step therapy or require prior
 314 authorization for the methods and services required under subsection
 315 (a) of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2018</i>	New section
Sec. 2	<i>January 1, 2018</i>	New section
Sec. 3	<i>January 1, 2018</i>	New section
Sec. 4	<i>January 1, 2018</i>	New section
Sec. 5	<i>January 1, 2018</i>	New section
Sec. 6	<i>January 1, 2018</i>	New section
Sec. 7	<i>January 1, 2018</i>	38a-503e
Sec. 8	<i>January 1, 2018</i>	38a-530e
Sec. 9	<i>January 1, 2018</i>	New section

Statement of Purpose:

To: (1) Expand mandated health benefits for women, children and adolescents; (2) expand mandated contraception benefits; and (3) require the Commissioner of Social Services to amend the Medicaid state plan to provide expanded contraception benefits.

[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.]

Co-Sponsors: SEN. FLEXER, 29th Dist.; REP. CONLEY, 40th Dist.
REP. LINEHAN, 103rd Dist.; REP. LUXENBERG, 12th Dist.
REP. MCCARTHY VAHEY, 133rd Dist.; REP. PORTER, 94th
Dist.
REP. SIMMONS, 144th Dist.; REP. HADDAD, 54th Dist.
SEN. OSTEN, 19th Dist.; REP. GRESKO, 121st Dist.
REP. ARCE, 4th Dist.; REP. SANTIAGO, 130th Dist.
REP. REYES, 75th Dist.; REP. SOTO, 39th Dist.
REP. JOHNSON, 49th Dist.; REP. ELLIOTT, 88th Dist.
REP. PAOLILLO, 97th Dist.; REP. LEMAR, 96th Dist.
REP. DE LA CRUZ, 41st Dist.; REP. REED, 102nd Dist.
REP. D'AGOSTINO, 91st Dist.; SEN. MOORE, 22nd Dist.

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