



General Assembly

February Session, 2018

***Raised Bill No. 5210***

LCO No. 556



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:  
(INS)

***AN ACT MANDATING INSURANCE COVERAGE OF ESSENTIAL HEALTH BENEFITS AND 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, 2019*) (a) For the purposes of  
2 this section, "essential health benefits" means health care services and  
3 benefits that fall within the following categories:
- 4 (1) Ambulatory patient services;
  - 5 (2) Emergency services;
  - 6 (3) Hospitalization;
  - 7 (4) Maternity and newborn care;
  - 8 (5) Mental health and substance use disorder services, including,  
9 but not limited to, behavioral health treatment;
  - 10 (6) Prescription drugs;

11 (7) Rehabilitative and habilitative services and devices;

12 (8) Laboratory services;

13 (9) Preventive and wellness services and chronic disease  
14 management; and

15 (10) Pediatric services, including, but not limited to, oral and vision  
16 care.

17 (b) Each individual health insurance policy providing coverage of  
18 the type specified in subdivisions (1), (2), (4), (11) and (12) of section  
19 38a-469 of the general statutes delivered, issued for delivery, amended,  
20 renewed or continued in this state on or after January 1, 2019, shall  
21 provide coverage for essential health benefits.

22 (c) If a policy described in subsection (b) of this section must  
23 provide coverage for any health care service or benefit pursuant to  
24 another provision of chapter 700c of the general statutes, and the scope  
25 of such health care service or benefit conflicts with the scope of an  
26 essential health benefit that such policy must cover pursuant to  
27 subsection (b) of this section, such policy shall provide coverage for the  
28 health care service or benefit that, in the opinion of the Insurance  
29 Commissioner, provides greater protection to the insured.

30 (d) No provision of the general statutes concerning a requirement of  
31 the Patient Protection and Affordable Care Act, P.L. 111-148, as  
32 amended from time to time, shall be construed to supersede any  
33 provision of this section that provides greater protection to an insured,  
34 except to the extent the latter prevents the application of a requirement  
35 of the Affordable Care Act.

36 (e) The commissioner may adopt regulations, in accordance with  
37 chapter 54 of the general statutes, to carry out the purposes of this  
38 section, including, but not limited to, regulations specifying the health  
39 care services and benefits that fall within each category set forth in

40 subsection (a) of this section.

41 Sec. 2. (NEW) (*Effective January 1, 2019*) (a) For the purposes of this  
42 section, "essential health benefits" means health care services and  
43 benefits that fall within the following categories:

44 (1) Ambulatory patient services;

45 (2) Emergency services;

46 (3) Hospitalization;

47 (4) Maternity and newborn care;

48 (5) Mental health and substance use disorder services, including,  
49 but not limited to, behavioral health treatment;

50 (6) Prescription drugs;

51 (7) Rehabilitative and habilitative services and devices;

52 (8) Laboratory services;

53 (9) Preventive and wellness services and chronic disease  
54 management; and

55 (10) Pediatric services, including, but not limited to, oral and vision  
56 care.

57 (b) Each group health insurance policy providing coverage of the  
58 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-  
59 469 of the general statutes delivered, issued for delivery, amended,  
60 renewed or continued in this state on or after January 1, 2019, shall  
61 provide coverage for essential health benefits.

62 (c) If a policy described in subsection (b) of this section must  
63 provide coverage for any health care service or benefit pursuant to  
64 another provision of chapter 700c of the general statutes, and the scope

65 of such health care service or benefit conflicts with the scope of an  
66 essential health benefit that such policy must cover pursuant to  
67 subsection (b) of this section, such policy shall provide coverage for the  
68 health care service or benefit that, in the opinion of the Insurance  
69 Commissioner, provides greater protection to the insured.

70 (d) No provision of the general statutes concerning a requirement of  
71 the Patient Protection and Affordable Care Act, P.L. 111-148, as  
72 amended from time to time, shall be construed to supersede any  
73 provision of this section that provides greater protection to an insured,  
74 except to the extent the latter prevents the application of a requirement  
75 of the Affordable Care Act.

76 (e) The commissioner may adopt regulations, in accordance with  
77 chapter 54 of the general statutes, to carry out the purposes of this  
78 section, including, but not limited to, regulations specifying the health  
79 care services and benefits that fall within each category set forth in  
80 subsection (a) of this section.

81 Sec. 3. (NEW) (*Effective January 1, 2019*) (a) Each individual health  
82 insurance policy providing coverage of the type specified in  
83 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general  
84 statutes delivered, issued for delivery, renewed, amended or  
85 continued in this state shall provide coverage for:

86 (1) Domestic and interpersonal violence screening and counseling  
87 for any woman;

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

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

92 (4) Breast cancer chemoprevention counseling for any woman who  
93 is at increased risk for breast cancer due to family history or prior

- 94 personal history of breast cancer, positive genetic testing or other  
95 indications as determined by such woman's physician or advanced  
96 practice registered nurse;
- 97 (5) Breast cancer risk assessment, genetic testing and counseling;
- 98 (6) Chlamydia infection screening for any sexually-active woman;
- 99 (7) Cervical and vaginal cancer screening for any sexually-active  
100 woman;
- 101 (8) Gonorrhea screening for any sexually-active woman;
- 102 (9) Human immunodeficiency virus screening for any sexually-  
103 active woman;
- 104 (10) Human papillomavirus screening for any woman with normal  
105 cytology results who is thirty years of age or older;
- 106 (11) Sexually transmitted infections counseling for any sexually-  
107 active woman;
- 108 (12) Anemia screening for any pregnant woman and any woman  
109 who is likely to become pregnant;
- 110 (13) Folic acid supplements for any pregnant woman and any  
111 woman who is likely to become pregnant;
- 112 (14) Hepatitis B screening for any pregnant woman;
- 113 (15) Rhesus incompatibility screening for any pregnant woman and  
114 follow-up rhesus incompatibility testing for any pregnant woman who  
115 is at increased risk for rhesus incompatibility;
- 116 (16) Syphilis screening for any pregnant woman and any woman  
117 who is at increased risk for syphilis;
- 118 (17) Urinary tract and other infection screening for any pregnant

119 woman;

120 (18) Breastfeeding support and counseling for any pregnant or  
121 breastfeeding woman;

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

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

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

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

134 Sec. 4. (NEW) (*Effective January 1, 2019*) (a) Each group health  
135 insurance policy providing coverage of the type specified in  
136 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general  
137 statutes delivered, issued for delivery, renewed, amended or  
138 continued in this state shall provide coverage for:

139 (1) Domestic and interpersonal violence screening and counseling  
140 for any woman;

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

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

145 (4) Breast cancer chemoprevention counseling for any woman who

146 is at increased risk for breast cancer due to family history or prior  
147 personal history of breast cancer, positive genetic testing or other  
148 indications as determined by such woman's physician or advanced  
149 practice registered nurse;

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

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

152 (7) Cervical and vaginal cancer screening for any sexually-active  
153 woman;

154 (8) Gonorrhea screening for any sexually-active woman;

155 (9) Human immunodeficiency virus screening for any sexually-  
156 active woman;

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

159 (11) Sexually transmitted infections counseling for any sexually-  
160 active woman;

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

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

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

166 (15) Rhesus incompatibility screening for any pregnant woman and  
167 follow-up rhesus incompatibility testing for any pregnant woman who  
168 is at increased risk for rhesus incompatibility;

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

171 (17) Urinary tract and other infection screening for any pregnant  
172 woman;

173 (18) Breastfeeding support and counseling for any pregnant or  
174 breastfeeding woman;

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

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

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

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

187 Sec. 5. (NEW) (*Effective January 1, 2019*) (a) Each individual health  
188 insurance policy providing coverage of the type specified in  
189 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general  
190 statutes delivered, issued for delivery, renewed, amended or  
191 continued in this state that provides coverage for prescription drugs  
192 shall provide coverage for immunizations recommended by the  
193 American Academy of Pediatrics, American Academy of Family  
194 Physicians and the American College of Obstetricians and  
195 Gynecologists.

196 (b) No such policy shall impose a coinsurance, copayment,  
197 deductible or other out-of-pocket expense for the benefits and services  
198 required under subsection (a) of this section. The provisions of this  
199 subsection shall not apply to a high deductible plan as that term is



200 used in subsection (f) of section 38a-493 of the general statutes.

201       Sec. 6. (NEW) (*Effective January 1, 2019*) (a) Each group health  
202 insurance policy providing coverage of the type specified in  
203 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general  
204 statutes delivered, issued for delivery, renewed, amended or  
205 continued in this state that provides coverage for prescription drugs  
206 shall provide coverage for immunizations recommended by the  
207 American Academy of Pediatrics, American Academy of Family  
208 Physicians and the American College of Obstetricians and  
209 Gynecologists.

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

215       Sec. 7. (NEW) (*Effective January 1, 2019*) (a) Each individual health  
216 insurance policy providing coverage of the type specified in  
217 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general  
218 statutes delivered, issued for delivery, renewed, amended or  
219 continued in this state shall provide coverage for preventive care and  
220 screenings for individuals twenty-one years of age or younger in  
221 accordance with the most recent edition of the American Academy of  
222 Pediatrics' "Bright Futures: Guidelines for Health Supervision of  
223 Infants, Children, and Adolescents".

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

229       Sec. 8. (NEW) (*Effective January 1, 2019*) (a) Each group health  
230 insurance policy providing coverage of the type specified in

231 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general  
232 statutes delivered, issued for delivery, renewed, amended or  
233 continued in this state shall provide coverage for preventive care and  
234 screenings for individuals twenty-one years of age or younger in  
235 accordance with the most recent edition of the American Academy of  
236 Pediatrics' "Bright Futures: Guidelines for Health Supervision of  
237 Infants, Children, and Adolescents".

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

243 Sec. 9. Subsection (a) of section 38a-482c of the 2018 supplement to  
244 the general statutes is repealed and the following is substituted in lieu  
245 thereof (*Effective January 1, 2019*):

246 (a) No individual health insurance policy providing coverage of the  
247 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-  
248 469 delivered, issued for delivery, amended, renewed or continued in  
249 this state shall include a lifetime limit on the dollar value of benefits for  
250 a covered individual, for covered benefits that are essential health  
251 benefits, as defined in (1) the Patient Protection and Affordable Care  
252 Act, P.L. 111-148, as amended from time to time, or regulations  
253 adopted thereunder, or (2) section 1 of this act, or regulations adopted  
254 thereunder.

255 Sec. 10. Subsection (a) of section 38a-512c of the 2018 supplement to  
256 the general statutes is repealed and the following is substituted in lieu  
257 thereof (*Effective January 1, 2019*):

258 (a) No group health insurance policy providing coverage of the type  
259 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
260 delivered, issued for delivery, amended, renewed or continued in this  
261 state shall include a lifetime limit on the dollar value of benefits for a

262 covered individual, for covered benefits that are essential health  
263 benefits, as defined in (1) the Patient Protection and Affordable Care  
264 Act, P.L. 111-148, as amended from time to time, or regulations  
265 adopted thereunder, or (2) section 2 of this act, or regulations adopted  
266 thereunder.

267 Sec. 11. Section 38a-503e of the general statutes is repealed and the  
268 following is substituted in lieu thereof (*Effective January 1, 2019*):

269 (a) Each individual health insurance policy providing coverage of  
270 the type specified in subdivisions (1), (2), (4), (11) and (12) of section  
271 38a-469 delivered, issued for delivery, renewed, amended or continued  
272 in this state [that provides coverage for outpatient prescription drugs  
273 approved by the federal Food and Drug Administration shall not  
274 exclude coverage for prescription contraceptive methods approved by  
275 the federal Food and Drug Administration.] shall provide coverage for  
276 the following contraceptive methods and related services:

277 (1) All contraceptive methods approved by the federal Food and  
278 Drug Administration;

279 (2) If a contraceptive method described in subdivision (1) of this  
280 subsection is prescribed by a licensed physician, physician assistant or  
281 advanced practice registered nurse, a twelve-month supply of such  
282 contraceptive method dispensed at one time or at multiple times,  
283 provided an insured shall not be entitled to receive a twelve-month  
284 supply of such contraceptive method more than once during any plan  
285 year;

286 (3) All sterilization methods approved by the federal Food and Drug  
287 Administration;

288 (4) Counseling in (A) contraceptive methods approved by the  
289 federal Food and Drug Administration, and (B) the proper use of  
290 contraceptive methods approved by the federal Food and Drug  
291 Administration; and

292 (5) Routine follow-up care concerning contraceptive methods  
293 approved by the federal Food and Drug Administration.

294 (b) No policy described in subsection (a) of this section shall impose  
295 a coinsurance, copayment, deductible or other out-of-pocket expense  
296 for the methods and services required under subsection (a) of this  
297 section, except that any such policy that uses a provider network may  
298 require cost-sharing when such methods and services are rendered by  
299 an out-of-network provider. The cost-sharing limits imposed under  
300 this subsection shall not apply to a high deductible plan as that term is  
301 used in subsection (f) of section 38a-493.

302 (c) Any insurance company, hospital service corporation, medical  
303 service corporation, health care center or other entity providing  
304 coverage of the type specified in subsection (a) of this section may use  
305 step therapy, as defined in section 38a-510, within a contraceptive  
306 method or require prior authorization within a contraceptive method  
307 for the methods and services required under subsection (a) of this  
308 section.

309 ~~[(b)]~~ (d) (1) Notwithstanding any other provision of this section, any  
310 insurance company, hospital service corporation, medical service  
311 corporation, or health care center may issue to a religious employer an  
312 individual health insurance policy that excludes coverage for  
313 prescription contraceptive methods that are contrary to the religious  
314 employer's bona fide religious tenets.

315 (2) Notwithstanding any other provision of this section, upon the  
316 written request of an individual who states in writing that prescription  
317 contraceptive methods are contrary to such individual's religious or  
318 moral beliefs, any insurance company, hospital service corporation,  
319 medical service corporation or health care center may issue to the  
320 individual an individual health insurance policy that excludes  
321 coverage for prescription contraceptive methods.

322 ~~[(c)]~~ (e) Any health insurance policy issued pursuant to subsection

323 [(b)] (d) of this section shall provide written notice to each insured or  
324 prospective insured that prescription contraceptive methods are  
325 excluded from coverage pursuant to said subsection. Such notice shall  
326 appear, in not less than ten-point type, in the policy, application and  
327 sales brochure for such policy.

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

332 [(e)] (g) Notwithstanding any other provision of this section, any  
333 insurance company, hospital service corporation, medical service  
334 corporation or health care center that is owned, operated or  
335 substantially controlled by a religious organization that has religious  
336 or moral tenets that conflict with the requirements of this section may  
337 provide for the coverage of prescription contraceptive methods as  
338 required under this section through another such entity offering a  
339 limited benefit plan. The cost, terms and availability of such coverage  
340 shall not differ from the cost, terms and availability of other  
341 prescription coverage offered to the insured.

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

345 Sec. 12. Section 38a-530e of the general statutes is repealed and the  
346 following is substituted in lieu thereof (*Effective January 1, 2019*):

347 (a) Each group health insurance policy providing coverage of the  
348 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-  
349 469 delivered, issued for delivery, renewed, amended or continued in  
350 this state [that provides coverage for outpatient prescription drugs  
351 approved by the federal Food and Drug Administration shall not  
352 exclude coverage for prescription contraceptive methods approved by  
353 the federal Food and Drug Administration.] shall provide coverage for

354 the following contraceptive methods and related services:

355 (1) All contraceptive methods approved by the federal Food and  
356 Drug Administration;

357 (2) If a contraceptive method described in subdivision (1) of this  
358 subsection is prescribed by a licensed physician, physician assistant or  
359 advanced practice registered nurse, a twelve-month supply of such  
360 contraceptive method dispensed at one time or at multiple times,  
361 provided an insured shall not be entitled to receive a twelve-month  
362 supply of such contraceptive method more than once during any plan  
363 year;

364 (3) All sterilization methods approved by the federal Food and Drug  
365 Administration;

366 (4) Counseling in (A) contraceptive methods approved by the  
367 federal Food and Drug Administration, and (B) the proper use of  
368 contraceptive methods approved by the federal Food and Drug  
369 Administration; and

370 (5) Routine follow-up care concerning contraceptive methods  
371 approved by the federal Food and Drug Administration.

372 (b) No such policy shall impose a coinsurance, copayment,  
373 deductible or other out-of-pocket expense for the methods and services  
374 required under subsection (a) of this section, except that any such  
375 policy that uses a provider network may require cost-sharing when  
376 such methods and services are rendered by an out-of-network  
377 provider. The cost-sharing limits imposed under this subsection shall  
378 not apply to a high deductible plan as that term is used in subsection  
379 (f) of section 38a-493.

380 (c) Any insurance company, hospital service corporation, medical  
381 service corporation, health care center or other entity providing  
382 coverage of the type specified in subsection (a) of this section may use

383 step therapy, as defined in section 38a-510, within a contraceptive  
384 method or require prior authorization within a contraceptive method  
385 for the methods and services required under subsection (a) of this  
386 section.

387 [(b)] (d) (1) Notwithstanding any other provision of this section, any  
388 insurance company, hospital service corporation, medical service  
389 corporation or health care center may issue to a religious employer a  
390 group health insurance policy that excludes coverage for prescription  
391 contraceptive methods that are contrary to the religious employer's  
392 bona fide religious tenets.

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

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

406 [(d)] (f) Nothing in this section shall be construed as authorizing a  
407 group health insurance policy to exclude coverage for prescription  
408 drugs ordered by a health care provider with prescriptive authority for  
409 reasons other than contraceptive purposes.

410 [(e)] (g) Notwithstanding any other provision of this section, any  
411 insurance company, hospital service corporation, medical service  
412 corporation or health care center that is owned, operated or  
413 substantially controlled by a religious organization that has religious

414 or moral tenets that conflict with the requirements of this section may  
415 provide for the coverage of prescription contraceptive methods as  
416 required under this section through another such entity offering a  
417 limited benefit plan. The cost, terms and availability of such coverage  
418 shall not differ from the cost, terms and availability of other  
419 prescription coverage offered to the insured.

420 [(f)] (h) As used in this section, "religious employer" means an  
421 employer that is a "qualified church-controlled organization" as  
422 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	<i>January 1, 2019</i>	New section
Sec. 2	<i>January 1, 2019</i>	New section
Sec. 3	<i>January 1, 2019</i>	New section
Sec. 4	<i>January 1, 2019</i>	New section
Sec. 5	<i>January 1, 2019</i>	New section
Sec. 6	<i>January 1, 2019</i>	New section
Sec. 7	<i>January 1, 2019</i>	New section
Sec. 8	<i>January 1, 2019</i>	New section
Sec. 9	<i>January 1, 2019</i>	38a-482c(a)
Sec. 10	<i>January 1, 2019</i>	38a-512c(a)
Sec. 11	<i>January 1, 2019</i>	38a-503e
Sec. 12	<i>January 1, 2019</i>	38a-530e

**Statement of Purpose:**

To (1) mandate insurance coverage of essential health benefits, (2) expand mandated health benefits for women, children and adolescents, and (3) expand mandated 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.]*