



General Assembly

Amendment

February Session, 2018

LCO No. 4279



Offered by:
REP. SAMPSON, 80th Dist.

To: Subst. House Bill No. 5210 File No. 146 Cal. No. 117

(As Amended)

"AN ACT MANDATING INSURANCE COVERAGE OF ESSENTIAL HEALTH BENEFITS AND EXPANDING MANDATED HEALTH BENEFITS FOR WOMEN, CHILDREN AND ADOLESCENTS."

1 Strike sections 3 and 4 in their entirety and substitute the following
2 in lieu thereof:

3 "Sec. 3. (NEW) (*Effective January 1, 2019*) (a) (1) Except as provided in
4 subdivision (2) of this subsection, each health carrier delivering,
5 issuing for delivery, renewing, amending or continuing an individual
6 health insurance policy in this state providing coverage of the type
7 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of
8 the general statutes shall offer for sale a version of such policy that
9 provides coverage for the following benefits and services:

10 (A) Domestic and interpersonal violence screening and counseling
11 for any woman;

12 (B) Tobacco use intervention and cessation counseling for any

13 woman who consumes tobacco;

14 (C) Well-woman visits for any woman who is younger than sixty-
15 five years of age;

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

21 (E) Breast cancer risk assessment, genetic testing and counseling;

22 (F) Chlamydia infection screening for any sexually-active woman;

23 (G) Cervical and vaginal cancer screening for any sexually-active
24 woman;

25 (H) Gonorrhea screening for any sexually-active woman;

26 (I) Human immunodeficiency virus screening for any sexually-
27 active woman;

28 (J) Human papillomavirus screening for any woman with normal
29 cytology results who is thirty years of age or older;

30 (K) Sexually transmitted infections counseling for any sexually-
31 active woman;

32 (L) Anemia screening for any pregnant woman and any woman
33 who is likely to become pregnant;

34 (M) Folic acid supplements for any pregnant woman and any
35 woman who is likely to become pregnant;

36 (N) Hepatitis B screening for any pregnant woman;

37 (O) Rhesus incompatibility screening for any pregnant woman and
38 follow-up rhesus incompatibility testing for any pregnant woman who

39 is at increased risk for rhesus incompatibility;

40 (P) Syphilis screening for any pregnant woman and any woman
41 who is at increased risk for syphilis;

42 (Q) Urinary tract and other infection screening for any pregnant
43 woman;

44 (R) Breastfeeding support and counseling for any pregnant or
45 breastfeeding woman;

46 (S) Breastfeeding supplies, including, but not limited to, a breast
47 pump for any breastfeeding woman;

48 (T) Gestational diabetes screening for any woman who is twenty-
49 four to twenty-eight weeks pregnant and any woman who is at
50 increased risk for gestational diabetes;

51 (U) Osteoporosis screening for any woman who is sixty years of age
52 or older;

53 (V) Such additional evidence-based items or services not described
54 in subparagraphs (A) to (U), inclusive, of this subdivision that receive
55 a rating of "A" or "B" in any recommendations of the United States
56 Preventive Services Task Force effective after January 1, 2018; and

57 (W) With respect to infants, children and adolescents, evidence-
58 informed preventive care and screenings provided for in the
59 comprehensive guidelines supported by the United States Health
60 Resources and Services Administration, as effective on January 1, 2018,
61 and such additional preventive care and screenings provided for in
62 any comprehensive guidelines supported by said administration and
63 effective after January 1, 2018.

64 (2) No policy described in subdivision (1) of this subsection shall be
65 required to provide coverage for any benefit or service described in
66 subparagraphs (A) to (U), inclusive, of said subdivision unless such
67 benefit or service is an evidence-based item or service that had a rating

68 of "A" or "B" in the recommendations of the United States Preventive
69 Services Task Force as such recommendations were in effect on
70 January 1, 2018.

71 (b) No policy described in subsection (a) of this section shall impose
72 a coinsurance, copayment, deductible or other out-of-pocket expense
73 for the benefits and services described in said subsection. The
74 provisions of this subsection shall apply to a high deductible plan, as
75 that term is used in subsection (f) of section 38a-493 of the general
76 statutes, to the maximum extent permitted by federal law, except if
77 such plan is used to establish a health savings account, as that term is
78 used in Section 223 of the Internal Revenue Code of 1986 or any
79 subsequent corresponding internal revenue code of the United States,
80 as amended from time to time, the provisions of this subsection shall
81 apply to such plan to the maximum extent that (1) is permitted by
82 federal law, and (2) does not disqualify such account for the deduction
83 allowed under said Section 223. Nothing in this section shall preclude
84 a policy that provides the coverage described in subsection (a) of this
85 section and uses a provider network from imposing cost-sharing
86 requirements for any benefit or service described in said subsection (a)
87 that is delivered by an out-of-network provider.

88 Sec. 4. (NEW) (*Effective January 1, 2019*) (a) (1) Except as provided in
89 subdivision (2) of this subsection, each health carrier delivering,
90 issuing for delivery, renewing, amending or continuing a group health
91 insurance policy in this state providing coverage of the type specified
92 in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the
93 general statutes shall offer for sale a version of such policy that
94 provides coverage for the following benefits and services:

95 (A) Domestic and interpersonal violence screening and counseling
96 for any woman;

97 (B) Tobacco use intervention and cessation counseling for any
98 woman who consumes tobacco;

99 (C) Well-woman visits for any woman who is younger than sixty-

100 five years of age;

101 (D) Breast cancer chemoprevention counseling for any woman who
102 is at increased risk for breast cancer due to family history or prior
103 personal history of breast cancer, positive genetic testing or other
104 indications as determined by such woman's physician or advanced
105 practice registered nurse;

106 (E) Breast cancer risk assessment, genetic testing and counseling;

107 (F) Chlamydia infection screening for any sexually-active woman;

108 (G) Cervical and vaginal cancer screening for any sexually-active
109 woman;

110 (H) Gonorrhea screening for any sexually-active woman;

111 (I) Human immunodeficiency virus screening for any sexually-
112 active woman;

113 (J) Human papillomavirus screening for any woman with normal
114 cytology results who is thirty years of age or older;

115 (K) Sexually transmitted infections counseling for any sexually-
116 active woman;

117 (L) Anemia screening for any pregnant woman and any woman
118 who is likely to become pregnant;

119 (M) Folic acid supplements for any pregnant woman and any
120 woman who is likely to become pregnant;

121 (N) Hepatitis B screening for any pregnant woman;

122 (O) Rhesus incompatibility screening for any pregnant woman and
123 follow-up rhesus incompatibility testing for any pregnant woman who
124 is at increased risk for rhesus incompatibility;

125 (P) Syphilis screening for any pregnant woman and any woman

126 who is at increased risk for syphilis;

127 (Q) Urinary tract and other infection screening for any pregnant
128 woman;

129 (R) Breastfeeding support and counseling for any pregnant or
130 breastfeeding woman;

131 (S) Breastfeeding supplies, including, but not limited to, a breast
132 pump for any breastfeeding woman;

133 (T) Gestational diabetes screening for any woman who is twenty-
134 four to twenty-eight weeks pregnant and any woman who is at
135 increased risk for gestational diabetes;

136 (U) Osteoporosis screening for any woman who is sixty years of age
137 or older;

138 (V) Such additional evidence-based items or services not described
139 in subparagraphs (A) to (U), inclusive, of this subdivision that receive
140 a rating of "A" or "B" in any recommendations of the United States
141 Preventive Services Task Force effective after January 1, 2018; and

142 (W) With respect to infants, children and adolescents, evidence-
143 informed preventive care and screenings provided for in the
144 comprehensive guidelines supported by the United States Health
145 Resources and Services Administration, as effective on January 1, 2018,
146 and such additional preventive care and screenings provided for in
147 any comprehensive guidelines supported by said administration and
148 effective after January 1, 2018.

149 (2) No policy described in subdivision (1) of this subsection shall be
150 required to provide coverage for any benefit or service described in
151 subparagraphs (A) to (U), inclusive, of said subdivision unless such
152 benefit or service is an evidence-based item or service that had a rating
153 of "A" or "B" in the recommendations of the United States Preventive
154 Services Task Force as such recommendations were in effect on
155 January 1, 2018.

156 (b) No policy described in subsection (a) of this section shall impose
157 a coinsurance, copayment, deductible or other out-of-pocket expense
158 for the benefits and services described in said subsection. The
159 provisions of this subsection shall apply to a high deductible plan, as
160 that term is used in subsection (f) of section 38a-493 of the general
161 statutes, to the maximum extent permitted by federal law, except if
162 such plan is used to establish a health savings account, as that term is
163 used in Section 223 of the Internal Revenue Code of 1986 or any
164 subsequent corresponding internal revenue code of the United States,
165 as amended from time to time, the provisions of this subsection shall
166 apply to such plan to the maximum extent that (1) is permitted by
167 federal law, and (2) does not disqualify such account for the deduction
168 allowed under said Section 223. Nothing in this section shall preclude
169 a policy that provides the coverage described in subsection (a) of this
170 section and uses a provider network from imposing cost-sharing
171 requirements for any benefit or service described in said subsection (a)
172 that is delivered by an out-of-network provider."