



# House of Representatives

General Assembly

**File No. 309**

January Session, 2021

Substitute House Bill No. 6587

*House of Representatives, April 7, 2021*

The Committee on Insurance and Real Estate reported through REP. WOOD, K. of the 29th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

## ***AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR EPINEPHRINE CARTRIDGE INJECTORS.***

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

1 Section 1. (NEW) (*Effective January 1, 2022*) (a) Each individual health  
2 insurance policy providing coverage of the type specified in  
3 subdivisions (1), (2), (4), (11), (12) and (16) of section 38a-469 of the  
4 general statutes delivered, issued for delivery, renewed, amended or  
5 continued in this state on or after January 1, 2022, that includes coverage  
6 for outpatient prescription drugs shall provide coverage for epinephrine  
7 cartridge injectors, as defined in section 19a-909 of the general statutes.

8 (b) No policy described in subsection (a) of this section shall impose  
9 a coinsurance, copayment, deductible or other out-of-pocket expense for  
10 an epinephrine cartridge injector in an amount that is greater than  
11 twenty-five dollars. The provisions of this subsection shall apply to a  
12 high deductible health plan, as that term is used in subsection (f) of  
13 section 38a-493 of the general statutes, to the maximum extent permitted  
14 by federal law, except if such plan is used to establish a medical savings

15 account or an Archer MSA pursuant to Section 220 of the Internal  
 16 Revenue Code of 1986, or any subsequent corresponding internal  
 17 revenue code of the United States, as amended from time to time, or a  
 18 health savings account pursuant to Section 223 of said Internal Revenue  
 19 Code, as amended from time to time, the provisions of this subsection  
 20 shall apply to such plan to the maximum extent that (1) is permitted by  
 21 federal law, and (2) does not disqualify such account for the deduction  
 22 allowed under said Section 220 or 223, as applicable.

23 Sec. 2. (NEW) (*Effective January 1, 2022*) (a) Each group health  
 24 insurance policy providing coverage of the type specified in  
 25 subdivisions (1), (2), (4), (11), (12) and (16) of section 38a-469 of the  
 26 general statutes delivered, issued for delivery, renewed, amended or  
 27 continued in this state on or after January 1, 2022, that includes coverage  
 28 for outpatient prescription drugs shall provide coverage for epinephrine  
 29 cartridge injectors, as defined in section 19a-909 of the general statutes.

30 (b) No policy described in subsection (a) of this section shall impose  
 31 a coinsurance, copayment, deductible or other out-of-pocket expense for  
 32 an epinephrine cartridge injector in an amount that is greater than  
 33 twenty-five dollars. The provisions of this subsection shall apply to a  
 34 high deductible health plan, as that term is used in subsection (f) of  
 35 section 38a-520 of the general statutes, to the maximum extent permitted  
 36 by federal law, except if such plan is used to establish a medical savings  
 37 account or an Archer MSA pursuant to Section 220 of the Internal  
 38 Revenue Code of 1986, or any subsequent corresponding internal  
 39 revenue code of the United States, as amended from time to time, or a  
 40 health savings account pursuant to Section 223 of said Internal Revenue  
 41 Code, as amended from time to time, the provisions of this subsection  
 42 shall apply to such plan to the maximum extent that (1) is permitted by  
 43 federal law, and (2) does not disqualify such account for the deduction  
 44 allowed under said Section 220 or 223, as applicable.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2022	New section

Sec. 2	January 1, 2022	New section
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**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 22 \$	FY 23 \$
Various Municipalities	Potential Cost	See Below	See Below

**Explanation**

There is no fiscal impact to the State resulting from the bill, which requires that epinephrine cartridge injectors be covered under certain health insurance policies at a total out of pocket cost of \$25 or less. The state employee and retiree health plan already provides coverage in accordance with the bill<sup>1</sup>.

The bill may result in a potential cost to fully-insured municipalities, to the extent that providing coverage below the out-of-pocket threshold may increase premiums reflected in plan years beginning on and after January 1, 2022.

**The Out Years**

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

<sup>1</sup> Pursuant to federal law, self-insured plans are exempt from state health mandates. However, the state employee and retiree plan has traditionally such adopted mandates.

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**OLR Bill Analysis****sHB 6587*****AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR EPINEPHRINE CARTRIDGE INJECTORS.*****SUMMARY**

This bill (1) requires certain health insurance policies that cover outpatient prescription drugs to cover epinephrine cartridge injectors (e.g., EpiPens) and (2) limits an insured's cost sharing (e.g., copayment, coinsurance, or deductible) for an injector to no more than \$25.

The cost-sharing cap applies to all applicable policies, but only applies to high deductible health plans to the extent federal law permits it and as long as it does not disqualify a medical or health savings account from preferable tax treatment.

By law, "epinephrine cartridge injector" means an automatic prefilled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for an emergency first aid response to allergic reactions.

EFFECTIVE DATE: January 1, 2022

**APPLICABILITY OF COVERAGE REQUIREMENT**

The bill applies to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut on or after January 1, 2022, that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; (4) hospital or medical services, including those provided under an HMO plan; or (5) single service ancillary coverage, including prescription drug coverage. Because of the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

**APPLICABILITY OF COST-SHARING PROVISION**

The bill’s cost-sharing provision applies to each plan described above. However, for plans that are high deductible health plans (HDHPs), it only applies to the maximum extent (1) permitted by federal law and (2) that does not disqualify someone who establishes a health savings account (HSA), medical savings account (MSA), or Archer MSA from receiving the associated federal tax benefits. Under federal law, individuals with eligible HDHPs may make pre-tax contributions to an HSA, MSA, or Archer MSA and use the account for qualified medical expenses.

**COMMITTEE ACTION**

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 18 Nay 0 (03/22/2021)