

OFFICE OF LEGISLATIVE RESEARCH
PUBLIC ACT SUMMARY



PA 21-57—SB 1008

Insurance and Real Estate Committee

AN ACT CONCERNING HEALTH EQUITY, THE CORONAVIRUS PANDEMIC AND PULSE OXIMETERS

SUMMARY: This act requires the Department of Public Health (DPH), by January 1, 2022, and in consultation with the Insurance Department, to develop educational materials on pulse oximeters. (Pulse oximeters are electronic devices that estimate the percentage of oxygen in a person's blood and are typically placed on a finger. There are both prescription and over-the-counter versions.)

Under the act, the educational materials must ensure that health care providers, insurers, other health carriers, pharmacists, pharmacies, and pharmacy benefits managers doing business in the state are informed that a pulse oximeter is more likely to produce an inaccurate blood oxygen level reading for individuals of color as compared to individuals who are white.

The act requires DPH and the Insurance Department, by July 1, 2022, to each post these educational materials on its website. By this same date, they also must distribute these materials, as follows:

1. DPH must distribute them to health care providers and pharmacies and to in-state medical schools for dissemination to their students and
2. the Insurance Department must distribute them to health carriers and pharmacy benefits managers.

The act prohibits certain insurers and others providing health insurance from denying coverage for an otherwise covered benefit if the denial is exclusively based on the insured's blood oxygen level as measured by a pulse oximeter.

EFFECTIVE DATE: July 1, 2021, except the insurance coverage provision is effective January 1, 2022.

APPLICABILITY OF INSURANCE COVERAGE PROVISION

The act's insurance coverage provision applies to individual or 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; or (4) hospital or medical services, including those provided under an HMO plan. The act applies to insurers, HMOs, hospital or medical service corporations, fraternal benefit societies, or other entities providing this coverage. Because of the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.