Proposed Substitute Bill No. 5374

LCO No. **3164**

AN ACT CONCERNING HEALTH COVERAGE MANDATES FOR CERTAIN HEALTH CONDITIONS.

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

Section 1. Section 38a-1 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2027*):

Terms used in this title and sections 2 to 5, inclusive, of this act, unless it appears from the context to the contrary, shall have a scope and meaning as set forth in this section.

(1) "Affiliate" or "affiliated" means a person that directly, or indirectly through one or more intermediaries, controls, is controlled by or is under common control with another person.

(2) "Alien insurer" means any insurer that has been chartered by or organized or constituted within or under the laws of any jurisdiction or country without the United States.

(3) "Annuities" means all agreements to make periodical payments where the making or continuance of all or some of the series of the payments, or the amount of the payment, is dependent upon the continuance of human life or is for a specified term of years. This definition does not apply to payments made under a policy of life insurance.

(4) "Commissioner" means the Insurance Commissioner.

(5) "Control", "controlled by" or "under common control with" means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with the person.

(6) "Domestic insurer" means any insurer that has been chartered by, incorporated, organized or constituted within or under the laws of this state.

(7) "Domestic surplus lines insurer" means any domestic insurer that has been authorized by the commissioner to write surplus lines insurance.

(8) "Foreign country" means any jurisdiction not in any state, district or territory of the United States.

(9) "Foreign insurer" means any insurer that has been chartered by or organized or constituted within or under the laws of another state or a territory of the United States.

(10) "Insolvency" or "insolvent" means, for any insurer, that it is unable to pay its obligations when they are due, or when its admitted assets do not exceed its liabilities plus the greater of: (A) Capital and surplus required by law for its organization and continued operation; or (B) the total par or stated value of its authorized and issued capital stock. For purposes of this subdivision "liabilities" shall include but not be limited to reserves required by statute or by regulations adopted by the commissioner in accordance with the provisions of chapter 54 or specific requirements imposed by the commissioner upon a subject company at the time of admission or subsequent thereto.

(11) "Insurance" means any agreement to pay a sum of money, provide services or any other thing of value on the happening of a particular event or contingency or to provide indemnity for loss in

respect to a specified subject by specified perils in return for a consideration. In any contract of insurance, an insured shall have an interest which is subject to a risk of loss through destruction or impairment of that interest, which risk is assumed by the insurer and such assumption shall be part of a general scheme to distribute losses among a large group of persons bearing similar risks in return for a ratable contribution or other consideration.

(12) "Insurer" or "insurance company" includes any person or combination of persons doing any kind or form of insurance business other than a fraternal benefit society, and shall include a receiver of any insurer when the context reasonably permits.

(13) "Insured" means a person to whom or for whose benefit an insurer makes a promise in an insurance policy. The term includes policyholders, subscribers, members and beneficiaries. This definition applies only to the provisions of this title and does not define the meaning of this word as used in insurance policies or certificates.

(14) "Life insurance" means insurance on human lives and insurances pertaining to or connected with human life. The business of life insurance includes granting endowment benefits, granting additional benefits in the event of death by accident or accidental means, granting additional benefits in the event of the total and permanent disability of the insured, and providing optional methods of settlement of proceeds. Life insurance includes burial contracts to the extent provided by section 38a-464.

(15) "Mutual insurer" means any insurer without capital stock, the managing directors or officers of which are elected by its members.

(16) "Person" means an individual, a corporation, a partnership, a limited liability company, an association, a joint stock company, a business trust, an unincorporated organization or other legal entity.

(17) "Policy" means any document, including attached endorsements

and riders, purporting to be an enforceable contract, which memorializes in writing some or all of the terms of an insurance contract.

(18) "State" means any state, district, or territory of the United States.

(19) "Subsidiary" of a specified person means an affiliate controlled by the person directly, or indirectly through one or more intermediaries.

(20) "Unauthorized insurer" or "nonadmitted insurer" means an insurer that has not been granted a certificate of authority by the commissioner to transact the business of insurance in this state or an insurer transacting business not authorized by a valid certificate.

(21) "United States" means the United States of America, its territories and possessions, the Commonwealth of Puerto Rico and the District of Columbia.

Sec. 2. (NEW) (*Effective January 1, 2027*) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2027, shall provide coverage for the treatment of Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections and Pediatric Acute-onset Neuropsychiatric Syndrome, including, but not limited to, the use of intravenous immunoglobin therapy.

Sec. 3. (NEW) (*Effective January 1, 2027*) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2027, shall provide coverage for the treatment of Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections and Pediatric Acute-onset Neuropsychiatric Syndrome, including, but not limited to, the use of intravenous

immunoglobin therapy.

Sec. 4. (NEW) (*Effective January 1, 2027*) (a) For the purposes of this section, "scalp cooling system" means any device designed and intended for repeated medical use to cool the human scalp to prevent or reduce hair loss as a result of chemotherapy.

(b) (1) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11), (12) and (13) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2027, that provides coverage for chemotherapy shall provide coverage for scalp cooling systems used in connection with such chemotherapy that is at least equivalent to such coverage provided under Medicare.

(2) No policy described in subdivision (1) of this subsection shall impose a coinsurance, copayment, deductible or other out-of-pocket expense for any such scalp cooling system that is more restrictive than that imposed on substantially all other benefits provided under such policy, except that a high deductible health plan, as such term is used in subsection (f) of section 38a-493 of the general statutes, shall not be subject to the deductible limits set forth in this subdivision or under Medicare pursuant to subdivision (1) of this subsection.

(c) Any individual health insurance policy may require prior authorization for scalp cooling systems, provided such prior authorization is required in the same manner and to the same extent as is required for other covered benefits under such policy.

Sec. 5. (NEW) (*Effective January 1, 2027*) (a) For the purposes of this section, "scalp cooling system" means any device designed and intended for repeated medical use to cool the human scalp to prevent or reduce hair loss as a result of chemotherapy.

(b) (1) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11), (12) and (13) of section

38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2027, that provides coverage for chemotherapy shall provide coverage for scalp cooling systems used in connection with such chemotherapy that is at least equivalent to such coverage provided under Medicare.

(2) No policy described in subdivision (1) of this subsection shall impose a coinsurance, copayment, deductible or other out-of-pocket expense for any such scalp cooling system that is more restrictive than that imposed on substantially all other benefits provided under such policy, except that a high deductible health plan, as such term is used in subsection (f) of section 38a-520 of the general statutes, shall not be subject to the deductible limits set forth in this subdivision or under Medicare pursuant to subdivision (1) of this subsection.

(c) Any group health insurance policy may require prior authorization for scalp cooling systems, provided such prior authorization is required in the same manner and to the same extent as is required for other covered benefits under such policy.

Sec. 6. Subsection (a) of section 38a-492t of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2027*):

(a) As used in this section, "prosthetic device" means an artificial limb device to replace, in whole or in part, an arm or a leg, including a device that contains a microprocessor if such microprocessor-equipped device is determined by the insured's or enrollee's health care provider to be medically necessary. **[**"Prosthetic device" does not include a device that is designed exclusively for athletic purposes.**]**

Sec. 7. Subsection (a) of section 38a-518t of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2027*):

(a) As used in this section, "prosthetic device" means an artificial limb

device to replace, in whole or in part, an arm or a leg, including a device that contains a microprocessor if such microprocessor-equipped device is determined by the insured's or enrollee's health care provider to be medically necessary. **[**"Prosthetic device" does not include a device that is designed exclusively for athletic purposes.**]**

Sec. 8. Subsection (a) of section 38a-509 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2027*):

(a) Subject to the limitations set forth in subsection (b) of this section and except as provided in subsection (c) of this section, each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, amended, renewed or continued in this state on or after January 1, 2018, shall provide coverage for the medically necessary expenses for the diagnosis and treatment of infertility, including, but not limited to, ovulation induction, intrauterine insemination, in-vitro fertilization, uterine embryo lavage, embryo transfer, gamete intra-fallopian transfer, zygote intra-fallopian transfer and low tubal ovum transfer. For purposes of this section, "infertility" means **[**the condition of an individual who is unable to conceive or produce conception or sustain a successful pregnancy during a one-year period or such treatment is medically necessary**]** (1) the inability to establish or carry a pregnancy based on an individual's medical, sexual and reproductive history, age, physical findings, diagnostic testing or any combination of those factors, including, but not limited to, infertility arising from disabilities or from medical treatments or conditions associated with a disability, (2) the need for medical intervention, including, but not limited to, the use of donor gametes, donor embryos or a gestational surrogate, to establish a pregnancy either as an individual or with a partner, (3) an individual's inability to establish a pregnancy or carry a pregnancy to live birth after twelve months of unprotected sexual intercourse when the individual and the individual's partner have the necessary gametes to establish a pregnancy, provided a pregnancy loss

shall not restart the twelve-month period, and (4) an individual's inability to establish a pregnancy or to carry a pregnancy to live birth after six months of unprotected sexual intercourse due to the individual's age when the individual and the individual's partner have the necessary gametes to establish a pregnancy, provided a pregnancy loss shall not restart the six-month period.

Sec. 9. Subdivision (4) of subsection (b) of section 38a-509 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2027*):

(4) Limit coverage for in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-fallopian transfer and low tubal ovum transfer to those individuals who **[**have been unable to conceive or produce conception or sustain a successful**]** meet the definition of infertility and have been unable to establish a pregnancy or carry a pregnancy through less expensive and medically viable infertility treatment or procedures covered under such policy. Nothing in this subdivision shall be construed to deny the coverage required by this section to any individual who foregoes a particular infertility treatment or procedure if the individual's physician determines that such treatment or procedure is likely to be unsuccessful; and

Sec. 10. Subsection (a) of section 38a-536 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2027*):

(a) Subject to the limitations set forth in subsection (b) of this section and except as provided in subsection (c) of this section, each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, amended, renewed or continued in this state on or after January 1, 2018, shall provide coverage for the medically necessary expenses for the diagnosis and treatment of infertility, including, but not limited to, ovulation induction, intrauterine insemination, in-vitro fertilization, uterine embryo lavage, embryo transfer, gamete intra-

fallopian transfer, zygote intra-fallopian transfer and low tubal ovum transfer. For purposes of this section, "infertility" means **[**the condition of an individual who is unable to conceive or produce conception or sustain a successful pregnancy during a one-year period or such treatment is medically necessary**]** (1) the inability to establish or carry a pregnancy based on an individual's medical, sexual and reproductive history, age, physical findings, diagnostic testing or any combination of those factors, including, but not limited to, infertility arising from disabilities or from medical treatments or conditions associated with a disability, (2) the need for medical intervention, including, but not limited to, the use of donor gametes, donor embryos or a gestational surrogate, to establish a pregnancy either as an individual or with a partner, (3) an individual's inability to establish a pregnancy or carry a pregnancy to live birth after twelve months of unprotected sexual intercourse when the individual and the individual's partner have the necessary gametes to establish a pregnancy, provided a pregnancy loss shall not restart the twelve-month period, and (4) an individual's inability to establish a pregnancy or to carry a pregnancy to live birth after six months of unprotected sexual intercourse due to the individual's age when the individual and the individual's partner have the necessary gametes to establish a pregnancy, provided a pregnancy loss shall not restart the six-month period.

Sec. 11. Subdivision (4) of subsection (b) of section 38a-536 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2027*):

(4) Limit coverage for in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-fallopian transfer and low tubal ovum transfer to those individuals who **[**have been unable to conceive or produce conception or sustain a successful**]** meet the definition of infertility and have been unable to establish a pregnancy or carry a pregnancy through less expensive and medically viable infertility treatment or procedures covered under such policy. Nothing in this subdivision shall be construed to deny the coverage required by this section to any

individual who foregoes a particular infertility treatment or procedure if the individual's physician determines that such treatment or procedure is likely to be unsuccessful; and

This act shall take effect as follows and shall amend the following sections:		
Section 1	*January 1, 2027*	38a-1
Sec. 2	*January 1, 2027*	New section
Sec. 3	*January 1, 2027*	New section
Sec. 4	*January 1, 2027*	New section
Sec. 5	*January 1, 2027*	New section
Sec. 6	*January 1, 2027*	38a-492t(a)
Sec. 7	*January 1, 2027*	38a-518t(a)
Sec. 8	*January 1, 2027*	38a-509(a)
Sec. 9	*January 1, 2027*	38a-509(b)(4)
Sec. 10	*January 1, 2027*	38a-536(a)
Sec. 11	*January 1, 2027*	38a-536(b)(4)