



General Assembly

February Session, 2018

Amendment

LCO No. 3718



Offered by:

REP. SAMPSON, 80th Dist.
REP. FRANCE, 42nd Dist.
REP. DAUPHINAIS, 44th Dist.
REP. GREEN, 55th Dist.
REP. CANDELORA, 86th Dist.
REP. PISCOPO, 76th Dist.

REP. WILSON, 66th Dist.
REP. TWEEDIE, 13th Dist.
REP. FUSCO, 81st Dist.
REP. DUFF, 2nd Dist.
REP. SIMANSKI, 62nd 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 everything after the enacting clause and substitute the
2 following in lieu thereof:

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

- 9 (1) Domestic and interpersonal violence screening and counseling
10 for any woman;
- 11 (2) Tobacco use intervention and cessation counseling for any
12 woman who consumes tobacco;
- 13 (3) Well-woman visits for any woman who is younger than sixty-
14 five years of age;
- 15 (4) Breast cancer chemoprevention counseling for any woman who
16 is at increased risk for breast cancer due to family history or prior
17 personal history of breast cancer, positive genetic testing or other
18 indications as determined by such woman's physician or advanced
19 practice registered nurse;
- 20 (5) Breast cancer risk assessment, genetic testing and counseling;
- 21 (6) Chlamydia infection screening for any sexually-active woman;
- 22 (7) Cervical and vaginal cancer screening for any sexually-active
23 woman;
- 24 (8) Gonorrhea screening for any sexually-active woman;
- 25 (9) Human immunodeficiency virus screening for any sexually-
26 active woman;
- 27 (10) Human papillomavirus screening for any woman with normal
28 cytology results who is thirty years of age or older;
- 29 (11) Sexually transmitted infections counseling for any sexually-
30 active woman;
- 31 (12) Anemia screening for any pregnant woman and any woman
32 who is likely to become pregnant;
- 33 (13) Folic acid supplements for any pregnant woman and any
34 woman who is likely to become pregnant;

- 35 (14) Hepatitis B screening for any pregnant woman;
- 36 (15) Rhesus incompatibility screening for any pregnant woman and
37 follow-up rhesus incompatibility testing for any pregnant woman who
38 is at increased risk for rhesus incompatibility;
- 39 (16) Syphilis screening for any pregnant woman and any woman
40 who is at increased risk for syphilis;
- 41 (17) Urinary tract and other infection screening for any pregnant
42 woman;
- 43 (18) Breastfeeding support and counseling for any pregnant or
44 breastfeeding woman;
- 45 (19) Breastfeeding supplies, including, but not limited to, a breast
46 pump for any breastfeeding woman;
- 47 (20) Gestational diabetes screening for any woman who is twenty-
48 four to twenty-eight weeks pregnant and any woman who is at
49 increased risk for gestational diabetes;
- 50 (21) Osteoporosis screening for any woman who is sixty years of age
51 or older; and
- 52 (22) Preventive care and screenings for individuals twenty-one
53 years of age or younger in accordance with the most recent edition of
54 the American Academy of Pediatrics' "Bright Futures: Guidelines for
55 Health Supervision of Infants, Children, and Adolescents".
- 56 (b) No policy offered pursuant to subsection (a) of this section shall
57 impose a coinsurance, copayment, deductible or other out-of-pocket
58 expense for the benefits and services described in said subsection. The
59 provisions of this subsection shall not apply to a high deductible plan
60 as that term is used in subsection (f) of section 38a-493 of the general
61 statutes.
- 62 Sec. 2. (NEW) (*Effective January 1, 2019*) (a) On and after January 1,

63 2019, each health carrier delivering, issuing for delivery, renewing,
64 amending or continuing a group health insurance policy in this state
65 providing coverage of the type specified in subdivision (1), (2), (4), (11)
66 or (12) of section 38a-469 of the general statutes shall offer for sale a
67 version of such policy that provides coverage for:

68 (1) Domestic and interpersonal violence screening and counseling
69 for any woman;

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

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

74 (4) Breast cancer chemoprevention counseling for any woman who
75 is at increased risk for breast cancer due to family history or prior
76 personal history of breast cancer, positive genetic testing or other
77 indications as determined by such woman's physician or advanced
78 practice registered nurse;

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

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

81 (7) Cervical and vaginal cancer screening for any sexually-active
82 woman;

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

84 (9) Human immunodeficiency virus screening for any sexually-
85 active woman;

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

88 (11) Sexually transmitted infections counseling for any sexually-
89 active woman;

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

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

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

95 (15) Rhesus incompatibility screening for any pregnant woman and
96 follow-up rhesus incompatibility testing for any pregnant woman who
97 is at increased risk for rhesus incompatibility;

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

100 (17) Urinary tract and other infection screening for any pregnant
101 woman;

102 (18) Breastfeeding support and counseling for any pregnant or
103 breastfeeding woman;

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

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

109 (21) Osteoporosis screening for any woman who is sixty years of age
110 or older; and

111 (22) Preventive care and screenings for individuals twenty-one
112 years of age or younger in accordance with the most recent edition of
113 the American Academy of Pediatrics' "Bright Futures: Guidelines for
114 Health Supervision of Infants, Children, and Adolescents".

115 (b) No policy offered pursuant to subsection (a) of this section shall
116 impose a coinsurance, copayment, deductible or other out-of-pocket
117 expense for the benefits and services described in said subsection. The

118 provisions of this subsection shall not apply to a high deductible plan
119 as that term is used in subsection (f) of section 38a-493 of the general
120 statutes.

121 Sec. 3. (NEW) (*Effective January 1, 2019*) (a) On and after January 1,
122 2019, each health carrier delivering, issuing for delivery, renewing,
123 amending or continuing an individual health insurance policy in this
124 state providing coverage of the type specified in subdivision (1), (2),
125 (4), (11) or (12) of section 38a-469 of the general statutes that includes
126 coverage for prescription drugs shall offer for sale a version of such
127 policy that provides coverage for immunizations recommended by the
128 American Academy of Pediatrics, American Academy of Family
129 Physicians and the American College of Obstetricians and
130 Gynecologists.

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

137 Sec. 4. (NEW) (*Effective January 1, 2019*) (a) On and after January 1,
138 2019, each health carrier delivering, issuing for delivery, renewing,
139 amending or continuing a group health insurance policy in this state
140 providing coverage of the type specified in subdivision (1), (2), (4), (11)
141 or (12) of section 38a-469 of the general statutes that includes coverage
142 for prescription drugs shall offer for sale a version of such policy that
143 provides coverage for immunizations recommended by the American
144 Academy of Pediatrics, American Academy of Family Physicians and
145 the American College of Obstetricians and Gynecologists.

146 (b) No policy offered pursuant to subsection (a) of this section shall
147 impose a coinsurance, copayment, deductible or other out-of-pocket
148 expense for the benefits and services described in said subsection. The
149 provisions of this subsection shall not apply to a high deductible plan

150 as that term is used in subsection (f) of section 38a-493 of the general
151 statutes.

152 Sec. 5. (NEW) (*Effective January 1, 2019*) (a) On and after January 1,
153 2019, each health carrier delivering, issuing for delivery, renewing,
154 amending or continuing an individual health insurance policy in this
155 state providing coverage of the type specified in subdivision (1), (2),
156 (4), (11) or (12) of section 38a-469 of the general statutes shall offer for
157 sale a version of such policy that provides coverage for the following
158 contraceptive methods and related services:

159 (1) All contraceptive methods approved by the federal Food and
160 Drug Administration;

161 (2) If a contraceptive method described in subdivision (1) of this
162 subsection is prescribed by a licensed physician, physician assistant or
163 advanced practice registered nurse, a twelve-month supply of such
164 contraceptive method dispensed at one time or at multiple times,
165 provided an insured shall not be entitled to receive a twelve-month
166 supply of such contraceptive method more than once during any plan
167 year;

168 (3) All sterilization methods approved by the federal Food and Drug
169 Administration;

170 (4) Counseling in (A) contraceptive methods approved by the
171 federal Food and Drug Administration, and (B) the proper use of
172 contraceptive methods approved by the federal Food and Drug
173 Administration; and

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

176 (b) No policy offered pursuant to subsection (a) of this section shall
177 impose a coinsurance, copayment, deductible or other out-of-pocket
178 expense for the methods and services described in said subsection,
179 except that any such policy that uses a provider network may require

180 cost-sharing when such methods and services are rendered by an out-
181 of-network provider. The cost-sharing limits imposed under this
182 subsection shall not apply to a high deductible plan as that term is
183 used in subsection (f) of section 38a-493 of the general statutes.

184 (c) Any insurance company, hospital service corporation, medical
185 service corporation, health care center or other entity offering a policy
186 of the type specified in subsection (a) of this section may use step
187 therapy, as defined in section 38a-510 of the general statutes, within a
188 contraceptive method or require prior authorization within a
189 contraceptive method for the methods and services described in
190 subsection (a) of this section.

191 (d) (1) Notwithstanding any other provision of this section, any
192 insurance company, hospital service corporation, medical service
193 corporation or health care center may offer to a religious employer an
194 individual health insurance policy that excludes coverage for the
195 contraceptive methods and related services described in subsection (a)
196 of this section if such methods and services are contrary to the
197 religious employer's bona fide religious tenets.

198 (2) Notwithstanding any other provision of this section, upon the
199 written request of an individual who states in writing that the
200 contraceptive methods and related services described in subsection (a)
201 of this section are contrary to such individual's religious or moral
202 beliefs, any insurance company, hospital service corporation, medical
203 service corporation or health care center may offer to the individual an
204 individual health insurance policy that excludes coverage for the
205 contraceptive methods and related services described in subsection (a)
206 of this section.

207 (e) Any health insurance policy offered pursuant to subsection (d) of
208 this section shall provide written notice to each insured or prospective
209 insured that the contraceptive methods and related services described
210 in subsection (a) of this section are excluded from coverage pursuant to
211 subsection (d) of this section. Such notice shall appear, in not less than

212 ten-point type, in the policy, application and sales brochure for such
213 policy.

214 (f) Nothing in this section shall be construed as authorizing an
215 individual health insurance policy offered pursuant to subsection (a) of
216 this section to exclude coverage for prescription drugs ordered by a
217 health care provider with prescriptive authority for reasons other than
218 contraceptive purposes.

219 (g) Notwithstanding any other provision of this section, any
220 insurance company, hospital service corporation, medical service
221 corporation or health care center that is owned, operated or
222 substantially controlled by a religious organization that has religious
223 or moral tenets that conflict with the requirements of this section may
224 offer to provide for the coverage of prescription contraceptive methods
225 described in subsection (a) of this section through another such entity
226 offering a limited benefit plan. The cost, terms and availability of such
227 coverage shall not differ from the cost, terms and availability of other
228 prescription coverage offered to the insured.

229 (h) As used in this section, "religious employer" means an employer
230 that is a "qualified church-controlled organization" as defined in 26
231 USC 3121 or a church-affiliated organization.

232 Sec. 6. (NEW) (*Effective January 1, 2019*) (a) On and after January 1,
233 2019, each health carrier delivering, issuing for delivery, renewing,
234 amending or continuing a group health insurance policy in this state
235 providing coverage of the type specified in subdivision (1), (2), (4), (11)
236 or (12) of section 38a-469 of the general statutes shall offer for sale a
237 version of such policy that provides coverage for the following
238 contraceptive methods and related services:

239 (1) All contraceptive methods approved by the federal Food and
240 Drug Administration;

241 (2) If a contraceptive method described in subdivision (1) of this
242 subsection is prescribed by a licensed physician, physician assistant or

243 advanced practice registered nurse, a twelve-month supply of such
244 contraceptive method dispensed at one time or at multiple times,
245 provided an insured shall not be entitled to receive a twelve-month
246 supply of such contraceptive method more than once during any plan
247 year;

248 (3) All sterilization methods approved by the federal Food and Drug
249 Administration;

250 (4) Counseling in (A) contraceptive methods approved by the
251 federal Food and Drug Administration, and (B) the proper use of
252 contraceptive methods approved by the federal Food and Drug
253 Administration; and

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

256 (b) No policy offered pursuant to subsection (a) of this section shall
257 impose a coinsurance, copayment, deductible or other out-of-pocket
258 expense for the methods and services described in said subsection,
259 except that any such policy that uses a provider network may require
260 cost-sharing when such methods and services are rendered by an out-
261 of-network provider. The cost-sharing limits imposed under this
262 subsection shall not apply to a high deductible plan as that term is
263 used in subsection (f) of section 38a-493 of the general statutes.

264 (c) Any insurance company, hospital service corporation, medical
265 service corporation, health care center or other entity offering a policy
266 of the type specified in subsection (a) of this section may use step
267 therapy, as defined in section 38a-510 of the general statutes, within a
268 contraceptive method or require prior authorization within a
269 contraceptive method for the methods and services described in
270 subsection (a) of this section.

271 (d) (1) Notwithstanding any other provision of this section, any
272 insurance company, hospital service corporation, medical service
273 corporation or health care center may offer to a religious employer a

274 group health insurance policy that excludes coverage for the
275 contraceptive methods and related services described in subsection (a)
276 of this section if such methods and services are contrary to the
277 religious employer's bona fide religious tenets.

278 (2) Notwithstanding any other provision of this section, upon the
279 written request of an individual who states in writing that the
280 contraceptive methods and related services described in subsection (a)
281 of this section are contrary to such individual's religious or moral
282 beliefs, any insurance company, hospital service corporation, medical
283 service corporation or health care center may offer to or on behalf of
284 the individual a policy or rider thereto that excludes coverage for the
285 contraceptive methods and related services described in subsection (a)
286 of this section.

287 (e) Any health insurance policy offered pursuant to subsection (d) of
288 this section shall provide written notice to each insured or prospective
289 insured that the contraceptive methods and related services described
290 in subsection (a) of this section are excluded from coverage pursuant to
291 subsection (d) of this section. Such notice shall appear, in not less than
292 ten-point type, in the policy, application and sales brochure for such
293 policy.

294 (f) Nothing in this section shall be construed as authorizing a group
295 health insurance policy offered pursuant to subsection (a) of this
296 section to exclude coverage for prescription drugs ordered by a health
297 care provider with prescriptive authority for reasons other than
298 contraceptive purposes.

299 (g) Notwithstanding any other provision of this section, any
300 insurance company, hospital service corporation, medical service
301 corporation or health care center that is owned, operated or
302 substantially controlled by a religious organization that has religious
303 or moral tenets that conflict with the requirements of this section may
304 offer to provide for the coverage of prescription contraceptive methods
305 described in subsection (a) of this section through another such entity

306 offering a limited benefit plan. The cost, terms and availability of such
307 coverage shall not differ from the cost, terms and availability of other
308 prescription coverage offered to the insured.

309 (h) As used in this section, "religious employer" means an employer
310 that is a "qualified church-controlled organization" as defined in 26
311 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