

HB 6626 -- Redline

APP Joint Favorable to File No. 693 -- AN ACT CONCERNING REQUIRED HEALTH INSURANCE COVERAGE FOR BREAST HEALTH BENEFITS.

Deletions ~~struck~~ · Insertions underlined

~~General House Assembly of Substitute Representatives Bill~~ File No.

~~6626~~693 ~~General Assembly~~ January Session, ~~2021~~2021 (~~Reprint AN of ACT~~File ~~CONCERNING No. REQUIRED HEALTH INSURANCE AND MEDICAID COVERAGE, AMBULANCE SERVICES AND COST TRANSPARENCY.~~

351) Substitute House Bill No.

6626 As Amended by House Amendment Schedule "A" Approved by the Legislative Commissioner May 14, 2021 AN ACT CONCERNING REQUIRED HEALTH INSURANCE COVERAGE FOR BREAST HEALTH BENEFITS.

~~(NEW) (Effective January 1, 2022) 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, 2022, shall provide coverage for:~~

~~(1) Motorized wheelchairs, including, but not limited to, used motorized wheelchairs;~~

~~(2) repairs to motorized wheelchairs;~~

~~and (3) replacement batteries for motorized wheelchairs.~~

~~Sec.~~

~~2-~~

~~(NEW) (Effective January 1, 2022) 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, 2022, shall provide coverage for:~~

~~(1) Motorized wheelchairs, including, but not limited to, used motorized wheelchairs;~~

~~(2) repairs to motorized wheelchairs;~~

~~and (3) replacement batteries for motorized wheelchairs.~~

~~Sec.~~

~~3-~~

~~(NEW) (Effective January 1, 2022) Each individual health LCO \\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06626-R01 of 24 HB.docx Substitute Bill No.~~

~~6626 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, 2022, shall provide coverage for:~~

~~(1) A unilateral cochlear implant, and unilateral cochlear implant surgery, for an insured who has been diagnosed with unilateral hearing loss;~~

~~and (2) bilateral cochlear implants, and bilateral cochlear implant surgery, for an insured who has been diagnosed with bilateral hearing loss.~~

~~Sec.~~

~~4-~~

~~(NEW) (Effective January 1, 2022) 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, 2022, shall provide coverage for:~~

~~(1) A unilateral cochlear implant, and unilateral cochlear implant surgery, for an insured who has been diagnosed with unilateral hearing loss;~~

~~and (2) bilateral cochlear implants, and bilateral cochlear implant surgery, for an insured who has been diagnosed with bilateral hearing loss.~~

~~Sec.~~

~~5-~~

~~(NEW) (Effective January 1, 2022) 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, 2022, shall provide coverage for medically necessary coronary calcium scan tests.~~

~~Sec.~~

~~6-~~

~~(NEW) (Effective January 1, 2022) 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, 2022, shall provide coverage for medically necessary coronary calcium scan tests.~~

~~Sec.~~

~~7.~~

~~(NEW) (Effective January 1, 2022) 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 LCO {\\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06622 of 24 R02-HB.docx } Substitute Bill No.~~

~~6626 statutes delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2022, shall provide coverage for genetic cystic fibrosis screenings for women.~~

~~Sec.~~

~~8.~~

~~(NEW) (Effective January 1, 2022) 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, 2022, shall provide coverage for genetic cystic fibrosis screenings for women.~~

~~Sec.~~

~~9.~~

~~(NEW) (Effective January 1, 2022) 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, 2022, shall provide coverage for the treatment of neurological conditions and diseases, including, but not limited to, physical therapy for the treatment of amyotrophic lateral sclerosis.~~

~~Sec.~~

~~10.~~

~~(NEW) (Effective January 1, 2022) 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, 2022, shall provide coverage for the treatment of neurological conditions and diseases, including, but not limited to, physical therapy for the treatment of amyotrophic lateral sclerosis.~~

~~Sec.~~

~~11.~~

~~(NEW) (Effective January 1, 2022) 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, 2022, shall provide coverage for equine therapy for an insured who is a veteran.~~

~~For the purposes of this section, "veteran" has the same meaning as provided in section 27-103 of the general statutes.~~

~~LCO {\\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06623 of 24 R02-HB.docx } Substitute Bill No.~~

~~6626 Sec.~~

~~12.~~

~~(NEW) (Effective January 1, 2022) 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, 2022, shall provide coverage for equine therapy for an insured who is a veteran.~~

~~For the purposes of this section, "veteran" has the same meaning as provided in section 27-103 of the general statutes.~~

~~Sec.~~

~~13.~~

~~(NEW) (Effective January 1, 2022) 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, 2022, shall provide coverage for gambling disorder treatment.~~

~~For the purposes of this section, "gambling disorder" has the same meaning as provided in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders".~~

~~Sec.~~

~~14.~~

~~(NEW) (Effective January 1, 2022) 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, 2022,~~

~~shall provide coverage for gambling disorder treatment.~~

~~For the purposes of this section, "gambling disorder" has the same meaning as provided in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders".~~

~~Sec.~~

~~15.~~

~~(NEW) (Effective January 1, 2022) 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, 2022, shall provide coverage for audiologic, ophthalmologic and optometric care.~~

~~Sec.~~

~~16.~~

~~(NEW) (Effective January 1, 2022) Each group health insurance LCO {\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06624 of 24 R02-HB.docx } Substitute Bill No.~~

~~6626 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, 2022, shall provide coverage for audiologic, ophthalmologic and optometric care.~~

~~Sec.~~

~~17.~~

~~(NEW) (Effective July 1, 2021) (a) The Commissioner of Social Services shall provide Medicaid reimbursement for audiologic, ophthalmologic and optometric care.~~

~~(b) The commissioner shall seek federal approval of a Medicaid state plan amendment or Medicaid waiver, if necessary, to implement the provisions of this section.~~

~~Any submission of a Medicaid state plan amendment or Medicaid waiver shall be in accordance with the provisions of section 17b-8 of the general statutes.~~

~~(c) The commissioner shall adopt regulations, in accordance with chapter 54 of the general statutes, to implement the provisions of this section.~~

~~The commissioner may adopt policies or procedures to implement the provisions of this section while in the process of adopting regulations, provided such policies or procedures are posted on the Internet web site of the Department of Social Services and on the eRegulations System prior to the adoption of such policies or procedures.~~

~~Sec.~~

~~18.~~

~~Section 38a-492c of the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2022):~~

~~(a) For purposes of this section:~~

~~(1) "Inherited metabolic disease" includes (A) a disease for which newborn screening is required under section 19a-55;~~

~~and (B) cystic fibrosis.~~

~~(2) "Low protein modified food product" means a product formulated to have less than one gram of protein per serving and intended for the dietary treatment of an inherited metabolic disease under the direction LCO {\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06625 of 24 R02-HB.docx } Substitute Bill No.~~

~~6626 of a physician.~~

~~(3) "Amino acid modified preparation" means a product intended for the dietary treatment of an inherited metabolic disease under the direction of a physician.~~

~~(4) "Specialized formula" means a nutritional formula [for children up to age twelve] that is exempt from the general requirements for nutritional labeling under the statutory and regulatory guidelines of the federal Food and Drug Administration and is intended for use solely under medical supervision in the dietary management of specific diseases.~~

~~(b) 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, renewed, amended or continued in this state shall provide coverage for amino acid modified preparations and low protein modified food products for the treatment of inherited metabolic diseases if the amino acid modified preparations or low protein modified food products are prescribed for the therapeutic treatment of inherited metabolic diseases and are administered under the direction of a physician.~~

~~(c) 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, renewed, amended or continued in this state shall provide coverage for specialized formulas when such specialized formulas are medically necessary for the treatment of a disease or condition and are administered under the~~

~~direction of a physician.~~

~~(d) Such policy shall provide coverage for such preparations, food products and formulas on the same basis as outpatient prescription drugs.~~

~~Sec.~~

~~19.~~

~~Section 38a-518c of the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2022):~~

~~LC0 {\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06626 of 24 R02-HB.docx } Substitute Bill No.~~

~~6626 (a) For purposes of this section:~~

~~(1) "Inherited metabolic disease" includes (A) a disease for which newborn screening is required under section 19a-55;~~

~~and (B) cystic fibrosis.~~

~~(2) "Low protein modified food product" means a product formulated to have less than one gram of protein per serving and intended for the dietary treatment of an inherited metabolic disease under the direction of a physician.~~

~~(3) "Amino acid modified preparation" means a product intended for the dietary treatment of an inherited metabolic disease under the direction of a physician.~~

~~(4) "Specialized formula" means a nutritional formula [for children up to age twelve] that is exempt from the general requirements for nutritional labeling under the statutory and regulatory guidelines of the federal Food and Drug Administration and is intended for use solely under medical supervision in the dietary management of specific diseases.~~

~~(b) 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, renewed, amended or continued in this state shall provide coverage for amino acid modified preparations and low protein modified food products for the treatment of inherited metabolic diseases if the amino acid modified preparations or low protein modified food products are prescribed for the therapeutic treatment of inherited metabolic diseases and are administered under the direction of a physician.~~

~~(c) 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, renewed, amended or continued in this state shall provide coverage for specialized formulas when such specialized formulas are medically necessary for the treatment of a~~ LC0 {\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06627 of 24 R02-HB.docx }
~~Substitute Bill No.~~

~~6626 disease or condition and are administered under the direction of a physician.~~

~~(d) Such policy shall provide coverage for such preparations, food products and formulas on the same basis as outpatient prescription drugs.~~

~~Sec.~~

~~20.~~

~~Section 38a-492k of the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2022):~~

~~(a) 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 shall provide coverage for colorectal cancer screening and diagnosis, including, but not limited to, (1) an annual fecal occult blood test, and (2) colonoscopy, flexible sigmoidoscopy or radiologic imaging, in accordance with the recommendations established by the American Cancer Society, based on the ages, family histories and frequencies provided in the recommendations.~~

~~Except as specified in subsection (b) of this section, benefits under this section shall be subject to the same terms and conditions applicable to all other benefits under such policies.~~

~~(b) No such policy shall impose:~~

~~(1) A deductible for a procedure that a physician initially undertakes as a screening or diagnostic colonoscopy or [a screening] sigmoidoscopy;~~

~~or (2) A coinsurance, copayment, deductible or other out-of-pocket expense for any additional colonoscopy ordered in a policy year by a physician for an insured.~~

~~The provisions of this subdivision shall not apply to a high deductible health plan as that term is used in subsection (f) of section 38a-493.~~

~~Sec.~~

~~21.~~

~~Section 38a-518k of the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2022):~~

~~LC0 {\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06626-8 of 24 R02-HB.docx } Substitute Bill No.~~

~~6626 (a) 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 shall provide coverage for colorectal cancer screening and diagnosis, including, but not limited to, (1) an annual fecal occult blood test, and (2) colonoscopy, flexible sigmoidoscopy or radiologic imaging, in accordance with the recommendations established by the American Cancer Society, based on the ages, family histories and frequencies provided in the recommendations.~~

~~Except as specified in subsection (b) of this section, benefits under this section shall be subject to the same terms and conditions applicable to all other benefits under such policies.~~

~~(b) No such policy shall impose:~~

~~(1) A deductible for a procedure that a physician initially undertakes as a screening or diagnostic colonoscopy or [a screening] sigmoidoscopy;~~

~~or (2) A coinsurance, copayment, deductible or other out-of-pocket expense for any additional colonoscopy ordered in a policy year by a physician for an insured.~~

~~The provisions of this subdivision shall not apply to a high deductible health plan as that term is used in subsection (f) of section 38a-520.~~

~~Sec.~~

~~22.~~

~~Section 38a-408 of the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2022):~~

~~(a) (1) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), [(6), (10)], (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state shall provide coverage for medically necessary ambulance services for persons covered by the policy at an in-network level, including an in-network level of cost-sharing.~~

~~The hospital policy shall be primary if a person is covered under more than one policy.~~

~~The policy shall, as a minimum requirement, cover such services whenever any person covered by the contract is transported, when medically LCO {\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06626-9 of 24 R02-HB.docx } Substitute Bill No.~~

~~6626 necessary, by ambulance:~~

~~[to] (A) To a hospital;~~

~~[~~

~~Such] or (B) From a hospital to such person's place of residence.~~

~~(2) Except as otherwise provided in this section, the benefits required under this section shall be subject to any policy provision which applies to other services covered by [such] the policies that are subject to this section.~~

~~Notwithstanding any other provision of this section, such policies shall not be required to provide benefits in excess of the maximum allowable rate established by the Department of Public Health in accordance with section 19a-177.~~

~~(b)(1) Each such individual health insurance policy shall provide that any payment by such company, corporation or center for emergency ambulance services under coverage required by this section shall be paid directly to the ambulance provider rendering such service if such provider has complied with the provisions of this subsection and has not received payment for such service from any other source.~~

~~(2) Any ambulance provider submitting a bill for direct payment pursuant to this section shall [stamp the following statement on the face of each bill:~~

~~"NOTICE:~~

~~This bill subject to mandatory assignment pursuant to Connecticut general statutes".] indicate that such bill is subject to assignment by:~~

~~(A) Stamping such indication on such bill if such bill is submitted on paper;~~

~~or (B) Including such indication in such bill if such bill is submitted by electronic means.~~

~~(3) This subsection shall not apply to any transaction between an ambulance provider and an insurance company, hospital service corporation, medical service corporation, health care center or other entity if the parties have entered into a contract providing for direct LCO~~

~~{\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06610 of 24 R02-HB.docx } Substitute Bill No.~~

~~6626 payment.~~

~~Sec.~~

~~23.~~

~~Section 38a-525 of the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2022):~~

~~(a) (1) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), [(6),] (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state shall provide coverage for medically necessary ambulance services for persons covered by the policy at an in-network level, including an in-network level of cost-sharing.~~

~~The hospital policy shall be primary if a person is covered under more than one policy. The policy shall, as a minimum requirement, cover such services whenever any person covered by the contract is transported, when medically necessary, by ambulance:~~

~~[to] (A) To a hospital;~~

~~[-~~

~~Such] or (B) From a hospital to such person's place of residence.~~

~~(2) Except as otherwise provided in this section, the benefits required under this section shall be subject to any policy provision which applies to other services covered by [such] the policies that are subject to this section.~~

~~Notwithstanding any other provision of this section, such policies shall not be required to provide benefits in excess of the maximum allowable rate established by the Department of Public Health in accordance with section 19a-177.~~

~~(b) (1) Each such group health insurance policy shall provide that any payment by such company, corporation or center for emergency ambulance services under coverage required by this section shall be paid directly to the ambulance provider rendering such service if such provider has complied with the provisions of this subsection and has not received payment for such service from any other source.~~

~~(2) Any ambulance provider submitting a bill for direct payment pursuant to this section shall [stamp the following statement on the face LCO {\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06611 of 24 R02-HB.docx} Substitute Bill No.~~

~~6626 of each bill:~~

~~"NOTICE:~~

~~This bill subject to mandatory assignment pursuant to Connecticut general statutes".] indicate that such bill is subject to assignment by:~~

~~(A) Stamping such indication on such bill if such bill is submitted on paper;~~

~~or (B) Including such indication in such bill if such bill is submitted by electronic means.~~

~~(3) This subsection shall not apply to any transaction between an ambulance provider and an insurance company, hospital service corporation, medical service corporation, health care center or other entity if the parties have entered into a contract providing for direct payment.~~

~~Sec.~~

~~24.~~

~~(NEW) (Effective October 1, 2021) Not later than January 1, 2022, the Insurance Commissioner shall, within available appropriations, establish a program to advance breast health and breast cancer awareness, and promote greater understanding of the importance of early breast cancer detection, in this state.~~

~~As part of the program, the commissioner shall, at a minimum, provide outreach to individuals, including, but not limited to, young women of color, in this state regarding the importance of breast health and early breast cancer detection.~~

~~Sec.~~

~~25.~~

~~and LCO(2) {\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06612 "Mammogram" means mammographic examination or breast tomosynthesis, including, but not limited to, a procedure with a HCPCS code of 2477051, R02-HB.docx77052, 77055, Substitute77056, Bill77057, No.77063, 77065, 77066, 77067, G0202, G0204, G0206 or G0279, or any subsequent corresponding code.~~

~~6626SHB6626 (2) "Mammogram" File meansNo. mammographic examination or breast tomosynthesis, including, but not limited to, a procedure with a HCPCS code of 77051, 77052, 77055, 77056, 77057, 77063, 77065, 77066, 77067, G0202, G0204, G0206 or G0279, or any subsequent corresponding code.~~

~~(b)693 (1)SHB6626 EachFile individualNo. health insurance policy providing coverage of the typespecified in subdivisions (1), (2), (4), (10), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state shall provide benefits for diagnostic and screening mammograms [to any woman covered under the policy] for insureds that are at least equal to the following minimum requirements:~~

~~693 (b) (1) Each individual health insurance policy providing coverage of the typespecified in subdivisions (1), (2), (4), (10), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state shall provide benefits for diagnostic and screening mammograms [to any woman covered under the policy] for insureds that are at least equal to the following minimum requirements:~~

~~and (B) [a mammogram] Mammograms, which may be provided by LCObreast~~

~~{\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06613 tomosynthesis at the option of 24the R02-HB.docx[woman] covered Substituteunder Billthe No. policy] insured, every year for [any woman] an insured who is:~~

~~6626 breast tomosynthesis at the option of the [woman covered under the policy] insured, every year for [any woman] an insured who is:~~

~~[.] or (ii) SHB6626 Younger/ than File forty No. years of age if the insured is believed to be at increased risk for breast cancer due to:~~

693 SHB6626 File No.

693 (ii) Younger than forty years of age if the insured is believed to be at increased risk for breast cancer due to:

[.] (II) [positive] Positive genetic testing [, ~~or~~ or (III) other] for the harmful variant of ~~LC0~~breast ~~{\\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06614cancer of gene 24one, R02-HB.docx}breast }cancer Substitute gene Bill two No. or any other gene that materially increases the insured's risk for breast cancer;~~

~~6626 (III) breast Prior cancer treatment gene for one, a breast childhood cancer gene if two the or course any of other treatment gene for that the materially childhood increases cancer the included insured's radiation risk therapy for directed breast at cancer; the SHB6626 / File No.~~

~~(III) 693 Prior SHB6626 treatment File for No. a childhood cancer if the course of treatment for the childhood cancer included radiation therapy directed at the chest;~~

693 chest;

or ~~{(III) other}~~ (V) Other indications as determined by [a woman's] the insured's physician or advanced practice registered nurse;

and] (B) [Magnetic] ~~Diagnostic and Diagnostic and screening screening~~ magnetic resonance imaging of an entire breast or breasts;

~~(i) [in] (i) In accordance with guidelines established by the American Cancer Society [.] for an insured who is thirty-five years of age or older;~~

or ~~LC0 (V) {\\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06615 Other of indications 24 as R02-HB.docx determined } by Substitute the Bill insured's No. physician or advanced practice registered nurse;~~

~~6626 (V) Other indications as determined by the insured's physician or advanced practice registered nurse;~~

~~(D) SHB6626 Prophylactic/ mastectomies File for No. an insured who is believed to be at increased risk for breast cancer due to positive genetic testing for the harmful variant of breast cancer gene one, breast cancer gene two or any other gene that materially increases the insured's risk for breast cancer;~~

693 SHB6626 File No.

693 (D) Prophylactic mastectomies for an insured who is believed to be at increased risk for breast cancer due to positive genetic testing for the harmful variant of breast cancer gene one, breast cancer gene two or any other gene that materially increases the insured's risk for breast cancer;

(d) Each mammography report provided to [a patient] an insured shall include information about breast density, based on the Breast Imaging Reporting and Data System established by the American ~~LC0~~College ~~{\\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06616 of 24 Radiology. R02-HB.docx } Substitute Bill No.~~

~~6626 College of Radiology.~~

"If your mammogram demonstrates that you have dense breast tissue, which could hide small abnormalities, you might benefit from supplementary screening tests, which can include a breast ultrasound screening or a breast MRI examination, or both, depending ~~on SHB6626 your/ individual File risk No. factors.~~

693 SHB6626 File No.

693 on your individual risk factors.

26-2.

[thirty-five] ~~LC0 (i) {\\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06617 Thirty-five of to 24 thirty-nine R02-HB.docx years } of Substitute age, Bill inclusive; No.~~

~~6626 (i) Thirty-five to thirty-nine years of age, inclusive;~~

~~(I) SHB6626 A/ family File history No. of breast cancer;~~

693 SHB6626 File No.

693 (I) A family history of breast cancer;

[.] or (ii) Younger than forty years of age if the insured is believed to be at increased risk for breast cancer due to:

(III) Prior treatment for a childhood cancer if the course of treatment for the childhood cancer included radiation therapy directed at the ~~LC0 chest; {\\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06618 of 24 R02-HB.docx } Substitute Bill No.~~

~~6626 chest;~~

or (V) Other indications as determined by the insured's physician or ~~advanced SHB6626 practice/ registered File nurse No.~~

693 SHB6626 File No.

693 advanced practice registered nurse.

[.] (II) [positive] Positive genetic testing [, ~~or~~ or (III) other] for the harmful variant of breast cancer gene one, breast cancer gene two or any other gene that materially increases the insured's risk

for breast cancer;

or ~~{(III) other}~~ (V) Other indications as determined by [a woman's] the insured's physician or advanced practice registered nurse;

[or (iii) such screening is recommended by a woman's treating physician for a woman who (I) is forty years of age or older, (II) has a family history or prior personal history of breast cancer, or (III) has a prior personal LCO history ~~{\\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06619 of 24breast R02- HB.docx disease }diagnosed Substitute through Bill biopsy No. as benign;~~

~~6626 history of breast disease diagnosed through biopsy as benign;~~

~~(i) [in] (i) In accordance with guidelines established by the American Cancer Society SHB6626 for/ an File insured No. who is thirty-five years of age or older;~~

693 sHB6626 File No.

693 Society [.] for an insured who is thirty-five years of age or older;

or LCO(ii) {\\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06620 A mastectomy as part of 24the R02-HB.docx insured's }course Substitute of Bill treatment No. for breast cancer.

~~6626(c) Benefits (ii) under A this section shall be subject mastectomy to as any part policy of provisions the that insured's apply course to of other treatment services for covered breast by cancer, such policy, except that no such policy shall impose a coinsurance, copayment, deductible or other out-~~ SHB6626 / File No.

~~(c) Benefits 693 under SHB6626 this section shall be subject File to No. any policy provisions that apply to other services covered by such policy, except that no such policy shall impose a coinsurance, copayment, deductible or other out- of-pocket expense for such benefits.~~

693 of-pocket expense for such benefits.

~~Sec.~~

~~27.~~

~~Section 19a-193a of the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2022):-~~

~~LCO {\\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06621 of 24 R02-HB.docx } Substitute Bill No.~~

~~6626 (a) Except as provided in subsection (c) of this section and subject to the provisions of sections 19a-177, 38a-498, as amended by this act, and 38a-525, as amended by this act, any person who receives emergency medical treatment services or transportation services from a licensed ambulance service, certified ambulance service or paramedic intercept service shall be liable to such ambulance service for the reasonable and necessary costs of providing such services, irrespective of whether such person agreed or consented to such liability.~~

~~(b) Except as provided in subsection (c) of this section, any person who receives medical services or transport services under nonemergency conditions from a mobile integrated healthcare program shall be liable to such mobile health care integrated program for the reasonable and necessary costs of providing such services.~~

~~(c) The provisions of this section shall not apply to any person who receives:-~~

~~[emergency] (1) Emergency medical treatment services or transportation services from a licensed ambulance service, certified ambulance service, paramedic intercept service or mobile integrated health care program for an injury arising out of and in the course of such person's employment as defined in section 31-275;~~

~~[.] or (2) Transportation services from a licensed ambulance service, certified ambulance service or paramedic intercept service if such service reasonably believes that such transportation services are nonemergency transportation services, unless such service, before providing such transportation services:-~~

~~(A) Discloses to such person the potential cost to such person if such transportation services are nonemergency transportation services;~~

~~and (B) Receives written consent from such person to provide such transportation services.~~

~~Sec.~~

~~28.~~

~~(NEW) (Effective October 1, 2021) (a) As used in this section, LCO {\\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06622 of 24 R02-HB.docx } Substitute Bill No.~~

~~6626 "mammogram" has the same meaning as provided in sections 38a-503 and 38a-530 of the general statutes, as amended by this act.~~

~~(b) Each health care provider who provides a mammogram to a patient shall provide to the patient:-~~

~~(1) Advance notice disclosing whether a proposed test or examination to further investigate the results of the mammogram is:-~~

~~(A) An elective test or examination;~~

~~and (B) Covered under the terms of the patient's health coverage;~~

~~and (2) An opportunity to determine whether the cost of a proposed test or examination to further~~

~~investigate the results of the mammogram is covered under the terms of the patient's health coverage.~~
~~(c) The Commissioner of Public Health may adopt regulations, in consultation with the Insurance Commissioner and in accordance with the provisions of chapter 54 of the general statutes, to implement the provisions of this section.~~

~~Section 1 January 1, 2022 Section 38a-503-1 New section Sec.~~

~~2 January 1, 2022 New 38a-530 section SHB6626 Sec./ File No.~~

~~3 693 January SHB6626 1, File 2022 No. New section Sec.~~

~~4 693 January The 1, following 2022 Fiscal New Impact section Statement Sec. 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.~~

~~5 In January general, 1, fiscal 2022 impacts New are section based Sec. upon a variety of informational sources, including the analyst's professional knowledge.~~

~~6 Whenever January applicable, 1, agency 2022 data New is section consulted Sec. as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.~~

~~7 OFA January Fiscal 1, Note 2022 State New Impact: section January 1, 2022 Sec.~~

~~8 Agency New Affected section Fund-Effect Sec. FY 22 \$ FY 23 \$ ACA - State Mandate GF - Cost See Below See Below Note:~~

~~9 GF=General January Fund 1, Municipal 2022 Impact: New section Sec.~~

~~10 Municipalities January Effect 1, FY 2022 22 New \$ section FY Sec. 23 \$ Various Municipalities Cost Minimal Minimal Explanation The bill as amended expands the criteria for which health insurance policies must provide coverage for mammograms and other treatments used to diagnose breast cancer, mandates coverage for prophylactic mastectomies and breast reconstructive surgery, and results in a cost to the state to defray costs of providing these benefits on the Exchange. The bill as amended will also result in a cost to fully-insured municipalities.~~

~~11 The January bill 1, as 2022 amended New is section anticipated Sec. to expand coverage under the Exchange and fully-insured municipal plans in only limited circumstance;~~

~~12 Federal January and 1, state 2022 law New already section mandate Sec. the included benefits for a variety of criteria.~~

~~13 There January is 1, a 2022 cost New to section fully-insured Sec. municipalities due to expanding coverage criteria for the included diagnostic treatments and procedures, to the extent that their policies are not currently in accordance with the provisions of the amendment.~~

~~14 The January cost 1, to 2022 include New any section associated LCO benefits
{\\PRDFS1\HCOUSERS\BARRYJN\WS\2021\HB-06626-not 23 currently of covered 24 will R02-HB.docx be } reflected Substitute in Bill plan No. premiums for plan years starting on or after January 1, 2022.~~

~~6626 Premiums Sec. will increase SHB6626 / File No.~~

~~15 693 January SHB6626 1, File 2022 No. New section Sec.~~

~~16 693 January based 1, on 2022 the New projected section utilization Sec. of benefits, as determined by plan actuaries.~~

~~17 The July bill 1, as 2021 amended New will section also Sec. result in a cost to the state pursuant to the Affordable Care Act to the extent the benefits are not currently covered under the Exchange's benchmark plan.~~

~~18 Federal January law 1, requires the 2022 state 38a-492c to Sec. defray the cost of any such additional mandated benefits for all plans sold in the Exchange, by reimbursing the carrier or the insured for the excess coverage.~~

~~19 Absent January further 1, federal 2022 guidance, 38a-518c state Sec. mandated benefits enacted after December 31, 2011 cannot be considered part of the essential health benefits required under federal law, unless they are already part of the benchmark plan.~~

~~20 The January bill 1, as 2022 amended 38a-492k is Sec. not anticipated to result in a cost to the state employee and retiree health plans, as the plans generally cover the included benefits.~~

~~21 While January self-insured 1, plans 2022 are 38a-518k exempt Sec. from state insurance mandates, the state employee and retiree health plans have traditionally adopted them.~~

~~22 House January "A" 1, struck 2022 the 38a-498 underlying Sec. bill and its associated fiscal impact, and results in the fiscal impact described above.~~

~~23 The January Out 1, Years 2022 The 38a-525 annualized Sec. ongoing fiscal impact identified above would continue into the future subject to future utilization and change to premiums.~~

~~24 SHB6626 October/ 1, File 2021 No. New section January 1, 2022 Sec.~~

~~25 693 38a-50312 Sec. SHB6626 File No.~~

~~26 693 January OLR 1, Bill 2022 Analysis 38a-530 SHB Sec. 6626 (as amended by House "A")* AN ACT CONCERNING REQUIRED HEALTH INSURANCE AND MEDICAID COVERAGE, AMBULANCE SERVICES AND COST TRANSPARENCY.~~

~~27~~ SUMMARY ~~January~~ This ~~1~~, bill ~~2022~~ expands ~~10a-103a~~ coverage ~~Sec.~~ requirements for mammograms, ultrasounds, and magnetic resonance imaging (MRIs) of an insured's breasts under certain commercial health insurance policies.

~~28~~ It ~~October~~ also ~~1~~, requires ~~2021~~ the ~~New~~ policies section to ~~INS~~ cover ~~Joint~~ breast ~~Favorable~~ biopsies; ~~Subst.~~ APP certain ~~Joint~~ prophylactic ~~Favorable~~ mastectomies; ~~LC0 {\PRDFS1\HCOUSERS\BARRYJN\WS\2021HB-06626-24 of 24 R02-HB.docx }~~

and breast reconstruction surgery, subject to certain conditions.

As under existing law, the bill prohibits the policies from imposing cost sharing (coinsurance, copayments, deductibles, or other out-of-pocket expenses) for the covered services.

This cost-sharing prohibition applies to all affected policies, but it only applies to high deductible health plans (1) to the extent federal law permits and (2) so long as it does not disqualify a medical or health savings account from preferable tax treatment.

The bill's requirements apply 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) limited benefits;

or (5) hospital or medical services, including those provided under an HMO plan.

Because of the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

*House Amendment "A" replaces the underlying bill.

In doing so, it SHB6626 / File No.

693 13 SHB6626 File No.

693 eliminates various mandated insurance benefits and related provisions.

EFFECTIVE DATE:

January 1, 2022 INSURANCE COVERAGE FOR BREAST CANCER SCREENINGS AND RELATED PROCEDURES Mammograms Under current law, the affected insurance policies must cover a baseline mammogram for a woman aged 35 to 39 and an annual mammogram for a woman aged 40 or older.

The bill instead requires the policies to cover diagnostic and screening mammograms at these age intervals for any insured, male or female.

It also requires the policies to cover a baseline mammogram for an insured who is younger than age 35 and an annual mammogram for an insured who is younger than age 40 if the insured is believed to be at an increased risk for breast cancer due to any of the following:

1.

a family breast cancer history (or, if an annual mammogram, a personal breast cancer history);

2.

positive genetic testing for the breast cancer gene one (BRCA1), breast cancer gene two (BRCA2), or other gene that materially increases the insured's breast cancer risk;

3.

prior childhood cancer treatment that included radiation therapy to the chest;

4.

prior or ongoing hormone treatment for gender reassignment;

or 5.

other indications the insured's physician or advanced practice registered nurse (APRN) determines.

Breast Ultrasounds Current law requires the policies to cover a comprehensive breast ultrasound screening if a mammogram demonstrates the woman has dense breast tissue or is at increased risk for breast cancer based on family or personal breast cancer history or other indications her SHB6626 / File No.

693 14 SHB6626 File No.

693 physician or APRN determines.

The bill instead requires the policies to cover both diagnostic and screening breast ultrasounds for any insured whose mammogram demonstrates the insured has dense breast tissue or is at increased breast cancer due to any of the following:

1.

a family or personal breast cancer history;

2.

positive genetic testing for BRCA1, BRCA2, or other gene that materially increases the insured's breast

cancer risk;

3.

prior childhood cancer treatment that included radiation therapy to the chest;

4.

prior or ongoing hormone treatment for gender reassignment;

or 5.

other indications the insured's physician or APRN determines.

Breast MRIs Current law requires the policies to cover a woman's breast MRI in accordance with American Cancer Society guidelines.

The bill instead requires the policies to cover both diagnostic and screening breast MRIs in accordance with the American Cancer Society guidelines for an insured who is (1) age 35 or older or (2) younger than age 35 who is at increased breast cancer risk due to the same five reasons listed above for ultrasound coverage.

Related Procedures The bill requires the policies to also cover the following:

1.

breast biopsies;

2.

prophylactic mastectomies for an insured at increased breast cancer risk due to positive genetic testing for BRCA1, BRCA2, or other gene that materially increases the insured's breast cancer risk;

and SHB6626 / File No.

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693 3.

breast reconstructive surgery for an insured who has had a prophylactic mastectomy or mastectomy as part of breast cancer treatment.

COMMITTEE ACTION Insurance and Real Estate Committee Joint Favorable Substitute Yea 17 Nay 1 (03/22/2021) Appropriations Committee Joint Favorable Yea 32 Nay 15 (05/03/2021) SHB6626 / File No.

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