

STATE OF CONNECTICUT

INSURANCE DEPARTMENT

BULLETIN HC-70-09
AUGUST 4, 2009

TO: ALL INSURANCE COMPANIES, FRATERNAL BENEFIT SOCIETIES, HOSPITAL SERVICE CORPORATIONS, MEDICAL SERVICE CORPORATIONS AND HEALTH CARE CENTERS THAT DELIVER OR ISSUE INDIVIDUAL AND GROUP HEALTH INSURANCE POLICIES IN CONNECTICUT

RE: NOTICE PURSUANT TO CONNECTICUT GENERAL STATUTE §38a-477a OF NEW OR MODIFIED BENEFITS REQUIRED TO BE PROVIDED

The legislature enacted several new laws that impact group and individual health insurance policies delivered or issued for delivery in Connecticut. All entities are reminded that all policy forms are subject to prior approval. Policies are reviewed in the order of date received by the Insurance Department. For policy forms that are already approved, you are asked to file an endorsement or amendatory rider to be attached to the approved policy in order to expedite the review process. Entities should file a red lined version as well as two clean copies along with a postage paid envelope of sufficient size to receive a stamped copy. In addition, for new benefits on policies that require rates be filed, a rate filing should be made at the same time as the form filing even if there is no adjustment to the rates. Since some mandates are required to be added to existing policies prior to renewal, carriers should file forms and rates as early as possible to meet any contractual notice requirements.

PA 09-51 An Act Requiring Health Insurance Coverage for Wound Care for Individuals with Epidermolysis Bullosa

This act requires group and individual health insurance policies of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes that are delivered, issued for delivery, renewed, amended or continued on or after January 1, 2010 to provide coverage for wound-care supplies that are medically necessary for the treatment of epidermolysis bullosa and are administered under the direction of a physician.

PA 09-115 An Act Concerning Health Insurance Coverage for Autism Spectrum Disorders

This act requires group health insurance policies of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes that are delivered, issued for delivery, renewed, amended or continued on or after January 1, 2010 to provide coverage for the diagnosis and treatment of autism spectrum disorders. Such policy shall provide coverage for the following treatments, provided such treatments are (1) medically necessary and (2) identified and ordered by a licensed physician, licensed psychologist or

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licensed clinical social worker for an insured who is diagnosed with an autism spectrum disorder, in accordance with a treatment plan developed by a licensed physician, licensed psychologist or licensed clinical social worker pursuant to a comprehensive evaluation or reevaluation of the insured:

- Behavioral therapy
- Prescription drugs for the treatment of symptoms and comorbidities of autism spectrum disorder, to the extent they are covered for other diseases
- Direct psychiatric or consultative services provided by a licensed psychiatrist
- Direct psychological or consultative services provided by a licensed psychologist
- Physical therapy provided by a licensed physical therapist
- Speech and language pathology services provided by a licensed speech and language pathologist
- Occupational therapy provided by a licensed occupational therapist

Such policy may limit the coverage for behavioral therapy to a yearly benefit of fifty thousand dollars per child who is less than nine years of age, thirty-five thousand dollars for a child nine years of age but less than thirteen years of age, and twenty-five thousand dollars for a child thirteen years of age but less than fifteen years of age. Policies cannot limit the number of visits to an autism services provider pursuant to a treatment plan on any basis other than a lack of medical necessity and coinsurance, copayments, deductibles and other out-of-pocket expenses for the diagnosis and treatment of autism spectrum disorder cannot be more than for the diagnosis and treatment of any other medical, surgical or physical health condition.

PA 09-123 An Act Prohibiting the Use of Certain Prescription Drug History as an Underwriting Tool to deny individual health insurance coverage

Effective January 1, 2010, an individual's history of taking a prescription drug for anxiety for six months or less is prohibited from use as an underwriting factor for individual health insurance policies unless such history arises directly from a medical diagnosis of an underlying condition.

PA 09-124 An Act Clarifying Health Insurance Coverage for Stepchildren

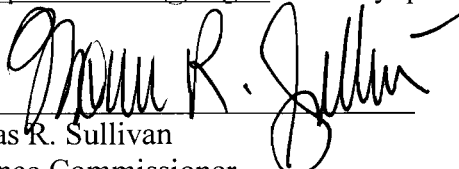
This act requires individual health insurance policies of the type specified in subdivisions (1), (2), (3), (4), (6), (10), (11) and (12) of section 38a-469 of the general statutes to cover stepchildren on the same basis as biological children. This act requires group health insurance policies of the type specified in subdivisions (1), (2), (3), (4), (11) and (12) of section 38a-469 of the general statutes to cover stepchildren on the same basis as biological children. This act was effective on passage.

PA 09-136 An Act Concerning Prescription Eye Drop Refills

This act requires that group and individual health insurance policies of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes that are delivered, issued for delivery, renewed, amended or continued on or after January 1, 2010 that provide coverage for prescription eye drops shall not deny coverage for a

renewal of prescription eye drops when (1) the renewal is requested by the insured less than thirty days from the later of (A) the date the original prescription was distributed to the insured, or (B) the date the last renewal of such prescription was distributed to the insured and (2) the prescribing physician indicates on the original prescription that additional quantities are needed and the renewal requested by the insured does not exceed the number of additional quantities needed.

Please contact the Insurance Department Life and Health Division at ctinsdept.lifehealth@ct.gov with any questions about the Public Acts in this notice.



Thomas R. Sullivan
Insurance Commissioner