



General Assembly

Substitute Bill No. 5374

February Session, 2026



AN ACT CONCERNING HEALTH COVERAGE MANDATES FOR CERTAIN HEALTH CONDITIONS.

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

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 Section 38a-1 of the general statutes is repealed and the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

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

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

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

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

18 (4) "Commissioner" means the Insurance Commissioner.

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

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

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

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

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

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

46 (11) "Insurance" means any agreement to pay a sum of money,
47 provide services or any other thing of value on the happening of a

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

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

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

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

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

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

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

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

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

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

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

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

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

101 Sec. 3. (NEW) (*Effective January 1, 2027*) Each group health insurance
102 policy providing coverage of the type specified in subdivisions (1), (2),
103 (4), (11) and (12) of section 38a-469 of the general statutes delivered,
104 issued for delivery, renewed, amended or continued in this state on or
105 after January 1, 2027, shall provide coverage for the treatment of
106 Pediatric Autoimmune Neuropsychiatric Disorders Associated with
107 Streptococcal Infections and Pediatric Acute-onset Neuropsychiatric
108 Syndrome, including, but not limited to, the use of intravenous
109 immunoglobulin therapy.

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

114 (b) (1) Each individual health insurance policy providing coverage of
115 the type specified in subdivisions (1), (2), (4), (11), (12) and (13) of section
116 38a-469 of the general statutes delivered, issued for delivery, renewed,
117 amended or continued in this state on or after January 1, 2027, that
118 provides coverage for chemotherapy shall provide coverage for scalp
119 cooling systems used in connection with such chemotherapy that is at
120 least equivalent to such coverage provided under Medicare.

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

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

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

137 (b) (1) Each group health insurance policy providing coverage of the
138 type specified in subdivisions (1), (2), (4), (11), (12) and (13) of section
139 38a-469 of the general statutes delivered, issued for delivery, renewed,
140 amended or continued in this state on or after January 1, 2027, that
141 provides coverage for chemotherapy shall provide coverage for scalp

142 cooling systems used in connection with such chemotherapy that is at
143 least equivalent to such coverage provided under Medicare.

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

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

156 Sec. 6. Subsection (a) of section 38a-492t of the general statutes is
157 repealed and the following is substituted in lieu thereof (*Effective January*
158 *1, 2027*):

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

165 Sec. 7. Subsection (a) of section 38a-518t of the general statutes is
166 repealed and the following is substituted in lieu thereof (*Effective January*
167 *1, 2027*):

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

173 is designed exclusively for athletic purposes.]

174 Sec. 8. Subsection (a) of section 38a-509 of the general statutes is
175 repealed and the following is substituted in lieu thereof (*Effective January*
176 *1, 2027*):

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

207 loss shall not restart the six-month period.

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

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

222 Sec. 10. Subsection (a) of section 38a-536 of the general statutes is
223 repealed and the following is substituted in lieu thereof (*Effective January*
224 *1, 2027*):

225 (a) Subject to the limitations set forth in subsection (b) of this section
226 and except as provided in subsection (c) of this section, each group
227 health insurance policy providing coverage of the type specified in
228 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered,
229 issued for delivery, amended, renewed or continued in this state on or
230 after January 1, 2018, shall provide coverage for the medically necessary
231 expenses for the diagnosis and treatment of infertility, including, but not
232 limited to, ovulation induction, intrauterine insemination, in-vitro
233 fertilization, uterine embryo lavage, embryo transfer, gamete intra-
234 fallopian transfer, zygote intra-fallopian transfer and low tubal ovum
235 transfer. For purposes of this section, "infertility" means [the condition
236 of an individual who is unable to conceive or produce conception or
237 sustain a successful pregnancy during a one-year period or such
238 treatment is medically necessary] (1) the inability to establish or carry a

239 pregnancy based on an individual's medical, sexual and reproductive
240 history, age, physical findings, diagnostic testing or any combination of
241 such factors, including, but not limited to, infertility arising from
242 disabilities or from medical treatments or conditions associated with a
243 disability, (2) the need for medical intervention, including, but not
244 limited to, the use of donor gametes, donor embryos or a gestational
245 surrogate, to establish a pregnancy either as an individual or with a
246 partner, (3) an individual's inability to establish a pregnancy or carry a
247 pregnancy to live birth after twelve months of unprotected sexual
248 intercourse when the individual and the individual's partner have the
249 necessary gametes to establish a pregnancy, provided a pregnancy loss
250 shall not restart the twelve-month period, and (4) an individual's
251 inability to establish a pregnancy or to carry a pregnancy to live birth
252 after six months of unprotected sexual intercourse due to the
253 individual's age when the individual and the individual's partner have
254 the necessary gametes to establish a pregnancy, provided a pregnancy
255 loss shall not restart the six-month period.

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

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

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>January 1, 2027</i>	38a-1
Sec. 2	<i>January 1, 2027</i>	New section
Sec. 3	<i>January 1, 2027</i>	New section
Sec. 4	<i>January 1, 2027</i>	New section
Sec. 5	<i>January 1, 2027</i>	New section
Sec. 6	<i>January 1, 2027</i>	38a-492t(a)
Sec. 7	<i>January 1, 2027</i>	38a-518t(a)
Sec. 8	<i>January 1, 2027</i>	38a-509(a)
Sec. 9	<i>January 1, 2027</i>	38a-509(b)(4)
Sec. 10	<i>January 1, 2027</i>	38a-536(a)
Sec. 11	<i>January 1, 2027</i>	38a-536(b)(4)

INS *Joint Favorable Subst.*