



General Assembly

February Session, 2026

***Raised Bill No. 5374***

LCO No. 2113



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:  
(INS)

***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 Section 38a-1 of the general statutes is repealed and the  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 and 3 of this act, unless it  
4 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*) (a) For the purposes of this  
93 section, "scalp cooling system" means any device designed and intended  
94 for repeated medical use to cool the human scalp to prevent or reduce  
95 hair loss as a result of chemotherapy.

96 (b) (1) Each individual health insurance policy providing coverage of  
97 the type specified in subdivisions (1), (2), (4), (11), (12) and (13) of section  
98 38a-469 of the general statutes delivered, issued for delivery, renewed,  
99 amended or continued in this state on or after January 1, 2027, that  
100 provides coverage for chemotherapy shall provide coverage for scalp  
101 cooling systems used in connection with such chemotherapy that is at  
102 least equivalent to such coverage provided under Medicare.

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

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

115 Sec. 3. (NEW) (*Effective January 1, 2027*) (a) For the purposes of this  
116 section, "scalp cooling system" means any device designed and intended  
117 for repeated medical use to cool the human scalp to prevent or reduce  
118 hair loss as a result of chemotherapy.

119 (b) (1) Each group health insurance policy providing coverage of the  
120 type specified in subdivisions (1), (2), (4), (11), (12) and (13) of section  
121 38a-469 of the general statutes delivered, issued for delivery, renewed,  
122 amended or continued in this state on or after January 1, 2027, that  
123 provides coverage for chemotherapy shall provide coverage for scalp  
124 cooling systems used in connection with such chemotherapy that is at  
125 least equivalent to such coverage provided under Medicare.

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

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

138 Sec. 4. (NEW) (*Effective from passage*) (a) The Insurance Commissioner  
139 shall conduct a study of mandated health insurance coverage for (1)  
140 infertility medical treatment or services, (2) prosthetic devices designed  
141 exclusively for athletic purposes, (3) hippotherapy, (4) gambling  
142 disorder treatment or services, (5) treatment of pediatric autoimmune  
143 neuropsychiatric disorders associated with streptococcal infections and  
144 pediatric acute-onset neuropsychiatric syndrome, and (6) the  
145 reimbursement for a twelve-month supply of covered prescription  
146 hormone therapy and any necessary supplies for administration.

147 (b) Not later than January 1, 2027, the commissioner shall submit a  
148 report, in accordance with the provisions of section 11-4a of the general  
149 statutes, concerning the results of the study to the joint standing  
150 committee of the General Assembly having cognizance of matters  
151 relating to insurance.

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>from passage</i>	New section

**Statement of Purpose:**

To: (1) require certain health insurance coverage for individual and group health insurance policies in this state, and (2) require that the Insurance Commissioner conduct a study of mandated health insurance coverage for certain medical treatments or services.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*