



**AN ACT CONCERNING THE NATIONAL MEDICAL SUPPORT NOTICE.**

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

1 Section 1. (NEW) (*Effective July 1, 2002*) (a) For the purposes of this  
2 section:

3 (1) "Issuing agency" means an agency providing child support  
4 enforcement services, as defined in subsection (b) of section 46b-231 of  
5 the general statutes, and includes the Bureau of Child Support  
6 Enforcement within the Department of Social Services and Support  
7 Enforcement Services within Judicial Branch Court Operations; and

8 (2) "NMSN" means the National Medical Support Notice required  
9 under Title IV-D of the Social Security Act and the Employee  
10 Retirement Income Security Act used by state child support agencies to  
11 enforce health care coverage support provisions in child support  
12 orders.

13 (b) (1) Whenever a court or family support magistrate enters a  
14 support order in IV-D support case, as defined in subsection (b) of  
15 section 46b-231 of the general statutes, that requires a noncustodial  
16 parent to provide employment based health care coverage for a child,  
17 and the noncustodial parent's employer is known to the issuing  
18 agency, such agency shall enforce the health care coverage provisions  
19 of the order through the use of a NMSN.

20 (2) In addition to other notice and requirements contained therein,  
21 the NMSN shall serve as notice to the employer that: (A) The employee  
22 is obligated to provide employment based health care coverage for the  
23 child; (B) the employer may be required to withhold any employee  
24 contributions required by the group health plan or plans in which the  
25 child is eligible to be enrolled; and (C) the employer is required to  
26 forward the NMSN to the administrator of each group health plan  
27 providing such coverage for enrollment determination purposes.

28 (3) In addition to other notice requirements contained therein, the  
29 NMSN shall serve as notice to the group health plan that: (A) Receipt  
30 of the NMSN from an employer constitutes receipt of a medical  
31 support order; and (B) an appropriately completed NMSN constitutes  
32 a qualified medical child support order for health care coverage  
33 enrollment purposes.

34 (4) In any case in which the noncustodial parent is a newly hired  
35 employee, the NMSN shall be transferred by the issuing agency to the  
36 employer no later than two business days after the date of the entry of  
37 the employee in the State Directory of New Hires established under  
38 section 31-254 of the general statutes, together with any necessary  
39 income withholding notice.

40 (c) (1) An employer who receives a NMSN from the issuing agency  
41 shall: (A) No later than twenty business days, after the date of NMSN,  
42 either (i) return the notice to such agency indicating why the health  
43 care coverage is not available, or (ii) transfer the notice to the  
44 administrator of each appropriate group health plan for which the  
45 child may be eligible; (B) upon notification from any such group health  
46 plan that the child is eligible for enrollment, withhold from the  
47 employee's income any employee contribution required under such  
48 plan and send the withheld payments directly to the plan, except as  
49 provided in subsection (d) of this section; and (C) notify the issuing  
50 agency whenever the employee's employment terminates. (2) Any  
51 employer who discharges an employee from employment, refuses to  
52 employ, or takes disciplinary action against an employee because of a

53 medical child support withholding, or fails to withhold income or  
54 transmit withheld income to the group health plan as required by the  
55 NMSN shall be subject to the penalties related to employer processing  
56 of child support income withholding, as provided in subsections (f)  
57 and (j) of section 52-362 of the general statutes, as amended. (3) The  
58 issuing agency shall notify the employer promptly when there is no  
59 longer a current order for medical support.

60 (d) The NMSN shall inform the employer of the duration of the  
61 withholding requirement, of any limitations on withholding  
62 prescribed by federal or state law, and of any withholding priorities  
63 that apply when available income is insufficient to satisfy all cash and  
64 medical support obligations. The employer shall notify the issuing  
65 agency when any such withholding limitations or priorities prevent  
66 the employer from withholding the amount required to obtain  
67 coverage under the group health plan for which the child is otherwise  
68 eligible.

69 (e) (1) The administrator of a group health plan who receives a  
70 NMSN from an employer pursuant to subsection (c) of this section  
71 shall deem the NMSN to be a "qualified medical child support order"  
72 and an application by the issuing agency for enrollment of the child.  
73 Enrollment of the child may not be denied because the child: (A) Was  
74 born out of wedlock, (B) is not claimed as a dependent on the  
75 participant's federal income tax return, (C) does not reside with the  
76 participant or in the plan's service area, or (D) is receiving benefits or is  
77 eligible for benefits under a state medical assistance plan required by  
78 the Social Security Act. An enrollment shall be made without regard to  
79 open season enrollment restrictions, and if enrollment of a child is  
80 dependent on the enrollment of a participant who is not enrolled, both  
81 the child and the participant shall be enrolled. (2) No later than forty  
82 business days after the date of the NMSN the plan administrator shall  
83 notify the issuing agency whether coverage is available or, if necessary,  
84 of the steps to be taken to begin such coverage. The administrator shall  
85 also provide to the custodial parent a description of the coverage  
86 available and of any forms or documents necessary to begin coverage.

87 The issuing agency, in consultation with the custodial parent, shall  
88 promptly select from any available plan options when necessary. Upon  
89 completion of enrollment, the group health plan administrator shall  
90 return the NMSN to the employer for a determination of whether any  
91 necessary employee contributions are available.

92 (f) An employee subject to medical support withholding under this  
93 section may contest such withholding based on a claim of mistake of  
94 fact. Such employee may contact the issuing agency to request a  
95 review of the claim and shall have a right to a fair hearing held by the  
96 Department of Social Services if he or she is aggrieved by the outcome  
97 of the review or if a review is not conducted during the thirty-day  
98 period commencing on the date of receipt of the request. Employers  
99 shall continue withholding employee contributions unless the issuing  
100 agency notifies them to discontinue withholding after review of the  
101 claimed mistake of fact, or upon order of the hearing officer.

102 (g) A NMSN issued pursuant to this section shall be deemed part of  
103 the court order requiring employment based health care coverage. The  
104 NMSN shall have the same force and effect as a court order directed to  
105 an employer or group health plan administrator and may be enforced  
106 by the court or family support magistrate in the same manner as an  
107 order of the court or family support magistrate. The requirements  
108 imposed on employers and group health plan administrators under  
109 this section and the NMSN shall be in addition to any requirements  
110 imposed on said employer or administrator under other provisions of  
111 the general statutes.

112 Sec. 2. Subdivision (2) of subsection (a) of section 17b-745 of the  
113 general statutes is repealed and the following is substituted in lieu  
114 thereof (*Effective July 1, 2002*):

115 (2) (A) The court or family support magistrate shall include in each  
116 support order in a IV-D support case a provision for the health care  
117 coverage of the child which provision may include an order for either  
118 parent to name any child under eighteen as a beneficiary of any

119 medical or dental insurance or benefit plan carried by such parent or  
120 available to such parent on a group basis through an employer or a  
121 union. Any such employment based order shall be enforced using a  
122 National Medical Support Notice as provided in section 1 of this act. If  
123 such insurance coverage is unavailable at reasonable cost, the  
124 provision for health care coverage may include an order for either  
125 parent to apply for and maintain coverage on behalf of the child under  
126 the HUSKY Plan, Part B. The noncustodial parent shall be ordered to  
127 apply for the HUSKY Plan, Part B only if such parent is found to have  
128 sufficient ability to pay the appropriate premium. In any IV-D support  
129 case in which the noncustodial parent is found to have insufficient  
130 ability to provide medical insurance coverage and the custodial party  
131 is the HUSKY Plan, Part A or Part B applicant, the provision for health  
132 care coverage may include an order for the noncustodial parent to pay  
133 such amount as is specified by the court or family support magistrate  
134 to the state or the custodial party, as their interests may appear, to  
135 offset the cost of any insurance payable under the HUSKY Plan, Part A  
136 or Part B. In no event may such order include payment to offset the  
137 cost of any such premium if such payment would reduce the amount  
138 of current support required under the child support guidelines.

139 [(B) When a parent is ordered to provide insurance coverage in  
140 accordance with subparagraph (A) of this subdivision, the court or  
141 family support magistrate shall order the employer of such parent to  
142 withhold from such employee's compensation the employee's share, if  
143 any, of premiums for health coverage, except for certain circumstances  
144 under which an employer may withhold less than such employee's  
145 share of such premiums, as may be provided by regulation of the  
146 Secretary of the United States Department of Health and Human  
147 Services and pay such share of premiums to the insurer. The amount  
148 withheld shall not exceed the maximum amount permitted to be  
149 withheld as set forth in 15 USC 1673(b).]

150 (B) Whenever an order of the Superior Court or family support  
151 magistrate is issued against a parent to cover the cost of such medical  
152 or dental insurance or benefit plan for a child who is eligible for

153 Medicaid benefits, and such parent has received payment from a third  
154 party for the costs of such services but such parent has not used such  
155 payment to reimburse, as appropriate, either the other parent or  
156 guardian or the provider of such services, the Department of Social  
157 Services shall have the authority to request the court or family support  
158 magistrate to order the employer of such parent to withhold from the  
159 wages, salary or other employment income, of such parent to the  
160 extent necessary to reimburse the Department of Social Services for  
161 expenditures for such costs under the Medicaid program. However,  
162 any claims for current or past due child support shall take priority  
163 over any such claims for the costs of such services.

164 Sec. 3. Section 38a-497a of the general statutes is repealed and the  
165 following is substituted in lieu thereof (*Effective July 1, 2002*):

166 (a) As used in this section (1) "insurer" shall have the same meaning  
167 as "insurer", as defined in 42 USC S 1396g-1(b), as including a group  
168 health plan, as defined in 29 USC S 1167(1), an employee welfare  
169 benefit plan providing medical care to participants or beneficiaries  
170 directly or through insurance reimbursement, or otherwise, a health  
171 maintenance organization and an entity offering a service benefit plan,  
172 and (2) "NMSN" means a National Medical Support Notice issued in a  
173 IV-D support case pursuant to section 1 of this act.

174 (b) If a child has health insurance coverage through an insurer of a  
175 noncustodial parent, such insurer shall: (1) Provide such information  
176 to the custodial parent as may be necessary for the child to obtain  
177 benefits through such coverage; (2) permit the custodial parent, or the  
178 health care provider, with the custodial parent's approval, to submit  
179 claims for covered services without the approval of the noncustodial  
180 parent; [and] (3) make payments on claims submitted in accordance  
181 with this section directly to the custodial parent, the health care  
182 provider or the Department of Social Services; and (4) comply with the  
183 terms of any applicable NMSN.

184 (c) An insurer shall not deny enrollment of a child under the group

185 health plan of the child's parent if: (1) The child was born out of  
186 wedlock, provided the father of the child has acknowledged paternity  
187 pursuant to section 46b-172 or has been adjudicated the father  
188 pursuant to section 46b-171; (2) the child is not claimed as a dependent  
189 on the federal income tax return of the parent; [or] (3) the child does  
190 not reside with the parent or in the insurer's service area; or (4) if the  
191 child is receiving, or is eligible for benefits under a state medical  
192 assistance plan required by the Social Security Act.

193 (d) If a parent is required by a court or family support magistrate to  
194 provide health coverage for a child, and the parent is eligible for family  
195 health coverage, the insurer shall permit the parent to enroll, or shall  
196 enroll pursuant to any applicable NMSN, under the family coverage, a  
197 child who is otherwise eligible for such coverage without regard to any  
198 open enrollment restrictions. If enrollment of a child is dependent on  
199 the enrollment of a participant who is not enrolled, both the child and  
200 the participant shall be enrolled. If the parent is enrolled for coverage  
201 but fails to make application to obtain coverage for a child, the insurer  
202 shall enroll such child under family coverage upon application of such  
203 child's other parent, the state agency administering the Medicaid  
204 program or the state agency administering Title IV-D of the Social  
205 Security Act, or upon receipt of a NMSN, as provided in section 1 of  
206 this act. The insurer shall not disenroll or eliminate coverage of such  
207 child unless the insurer is provided with satisfactory written evidence  
208 that the court or administrative order is no longer in effect or the child  
209 is enrolled or shall be enrolled in comparable health coverage through  
210 another insurer which shall take effect no later than the effective date  
211 of such disenrollment, or the employer eliminates family health  
212 coverage for all its employees.

213 (e) If a parent is required by a court or an administrative order to  
214 provide health coverage for a child and the parent is eligible for family  
215 health coverage through an employer doing business in the state, such  
216 employer shall permit such parent to enroll such child under such  
217 coverage without regard to any open enrollment restrictions. If a  
218 parent is enrolled but fails to make application to obtain coverage of a

219 child, the employer shall enroll such child under health care coverage  
220 upon application by the child's other parent or by the Commissioner of  
221 Social Services, or his designee, when such child is eligible under the  
222 Medicaid program or is receiving child support enforcement services  
223 pursuant to Title IV-D of the Social Security Act. A NMSN shall  
224 constitute an application for health care coverage by the issuing  
225 agency. If a noncustodial parent in a IV-D case provides such coverage  
226 and changes employment, and the new employer provides health care  
227 coverage, the IV-D agency or an agency under cooperative agreement  
228 therewith shall transfer notice of the provision for health care coverage  
229 to such new employer, as provided in section 1 of this act. The notice  
230 shall operate to enroll the child in the noncustodial parent's health care  
231 plan if that portion of the obligor's income which is subject to  
232 withholding pursuant to subsection (e) of section 52-362, is sufficient to  
233 cover both the support order and health care coverage. At the time  
234 notice is transferred to the employer, the IV-D agency, or an agency  
235 under cooperative agreement therewith, shall also cause a copy of the  
236 notice of such transfer of health care coverage to be delivered to the  
237 obligor and to the custodial parent. The noncustodial parent may  
238 contest such notice [by filing a motion for modification with the family  
239 support magistrate] as provided in section 1 of this act. An employer,  
240 subject to the provisions of this section, shall not disenroll or eliminate  
241 coverage of any such child unless the employer is provided  
242 satisfactory written evidence that: (1) A court or an administrative  
243 order for health care coverage is no longer in effect; (2) the child is or  
244 shall be enrolled in comparable health care coverage which shall take  
245 effect not later than the effective date of such disenrollment or  
246 elimination; or (3) the employer has eliminated family health care  
247 coverage for all of its employees.

248 Sec. 4. Subsection (f) of section 46b-84 of the general statutes is  
249 repealed and the following is substituted in lieu thereof (*Effective July*  
250 *1, 2002*):

251 (f) After the granting of a decree annulling or dissolving the  
252 marriage or ordering a legal separation, and upon complaint or motion

253 with order and summons made to the Superior Court by either parent  
254 or by the Commissioner of Administrative Services in any case arising  
255 under subsection (a) or (b) of this section, the court shall inquire into  
256 the child's need of maintenance and the respective abilities of the  
257 parents to supply maintenance. The court shall make and enforce the  
258 decree for the maintenance of the child as it considers just, and may  
259 direct security to be given therefor, including an order to either party  
260 to contract with a third party for periodic payments or payments  
261 contingent on a life to the other party. The court shall include in each  
262 support order a provision for the health care coverage of the child  
263 which provision may include an order for either parent to name any  
264 child who is subject to the provisions of subsection (a) or (b) of this  
265 section as a beneficiary of any medical or dental insurance or benefit  
266 plan carried by such parent or available to such parent on a group  
267 basis through an employer or a union. Any such employment based on  
268 an IV-D support case shall be enforced using a National Medical  
269 Support Notice as provided in section 1 of this act. If such insurance  
270 coverage is unavailable at reasonable cost, the provision for health care  
271 coverage may include an order for either parent to apply for and  
272 maintain coverage on behalf of the child under the HUSKY Plan, Part  
273 B. The noncustodial parent shall be ordered to apply for the HUSKY  
274 Plan, Part B only if such parent is found to have sufficient ability to  
275 pay the appropriate premium. In any IV-D support case in which the  
276 noncustodial parent is found to have insufficient ability to provide  
277 medical insurance coverage and the custodial party is the HUSKY  
278 Plan, Part A or Part B applicant, the provision for health care coverage  
279 may include an order for the noncustodial parent to pay such amount  
280 as is specified by the court or family support magistrate to the state or  
281 the custodial party, as their interests may appear, to offset the cost of  
282 any insurance payable under the HUSKY Plan, Part A or Part B. In no  
283 event may such order include payment to offset the cost of any such  
284 premium if such payment would reduce the amount of current  
285 support required under the child support guidelines.

286 Sec. 5. Subdivision (2) of subsection (a) of section 46b-171 of the

287 general statutes is repealed and the following is substituted in lieu  
288 thereof (*Effective July 1, 2002*):

289 (2) In addition, the court or family support magistrate shall include  
290 in each support order in a IV-D support case a provision for the health  
291 care coverage of the child which provision may include an order for  
292 either parent to name any child under the age of eighteen years as a  
293 beneficiary of any medical or dental insurance or benefit plan carried  
294 by such parent or available to such parent on a group basis through an  
295 employer or union. Any such employment based order shall be  
296 enforced using a National Medical Support Notice as provided in  
297 section 1 of this act. If such insurance coverage is unavailable at  
298 reasonable cost, the provision for health care coverage may include an  
299 order for either parent to apply for and maintain coverage on behalf of  
300 the child under the HUSKY Plan, Part B. The noncustodial parent shall  
301 be ordered to apply for the HUSKY Plan, Part B only if such parent is  
302 found to have sufficient ability to pay the appropriate premium. In any  
303 IV-D support case in which the noncustodial parent is found to have  
304 insufficient ability to provide medical insurance coverage and the  
305 custodial party is the HUSKY Plan, Part A or Part B applicant, the  
306 provision for health care coverage may include an order for the  
307 noncustodial parent to pay such amount as is specified by the court or  
308 family support magistrate to the state or the custodial party, as their  
309 interests may appear, to offset the cost of any insurance payable under  
310 the HUSKY Plan, Part A or Part B. In no event may such order include  
311 payment to offset the cost of any such premium if such payment  
312 would reduce the amount of current support required under the child  
313 support guidelines.

314 Sec. 6. Subdivision (2) of subsection (a) of section 46b-215 of the  
315 general statutes is repealed and the following is substituted in lieu  
316 thereof (*Effective July 1, 2002*):

317 (2) Any such support order in a IV-D support case shall include a  
318 provision for the health care coverage of the child which provision  
319 may include an order for either parent to name any child under

320 eighteen as a beneficiary of any medical or dental insurance or benefit  
 321 plan carried by such parent or available to such parent on a group  
 322 basis through an employer or a union. Any such employment based  
 323 order shall be enforced using a National Medical Support Notice as  
 324 provided in section 1 of this act. If such insurance coverage is  
 325 unavailable at reasonable cost, the provision for health care coverage  
 326 may include an order for either parent to apply for and maintain  
 327 coverage on behalf of the child under the HUSKY Plan, Part B. The  
 328 noncustodial parent shall be ordered to apply for the HUSKY Plan,  
 329 Part B only if such parent is found to have sufficient ability to pay the  
 330 appropriate premium. In any IV-D support case in which the  
 331 noncustodial parent is found to have insufficient ability to provide  
 332 medical insurance coverage and the custodial party is the HUSKY  
 333 Plan, Part A or Part B applicant, the provision for health care coverage  
 334 may include an order for the noncustodial parent to pay such amount  
 335 as is specified by the court or family support magistrate to the state or  
 336 the custodial party, as their interests may appear, to offset the cost of  
 337 any insurance payable under the HUSKY Plan, Part A or Part B. In no  
 338 event may such order include payment to offset the cost of any such  
 339 premium if such payment would reduce the amount of current  
 340 support required under the child support guidelines.

This act shall take effect as follows:	
Section 1	<i>July 1, 2002</i>
Sec. 2	<i>July 1, 2002</i>
Sec. 3	<i>July 1, 2002</i>
Sec. 4	<i>July 1, 2002</i>
Sec. 5	<i>July 1, 2002</i>
Sec. 6	<i>July 1, 2002</i>

**HS**            *Joint Favorable Subst.*

**APP**          *Joint Favorable*