



General Assembly

February Session, 2008

Raised Bill No. 492

LCO No. 2445

02445_____INS

Referred to Committee on Insurance and Real Estate

Introduced by:
(INS)

AN ACT MAKING TECHNICAL REVISIONS AND MINOR CHANGES TO THE INSURANCE STATUTES.

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

1 Section 1. Subsection (a) of section 38a-363 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective from*
3 *passage*):

4 As used in sections 38a-17, 38a-19 of the 2008 supplement to the
5 general statutes and 38a-363 to 38a-388, inclusive, as amended by this
6 act:

7 (a) "Injury" means bodily injury, sickness or disease, including death
8 resulting therefrom, accidentally caused and arising out of the
9 ownership, maintenance or use of a private passenger motor vehicle or
10 a vehicle with a commercial registration, as defined in subdivision (14)
11 of [subsection (a) of] section 14-1 of the 2008 supplement to the general
12 statutes.

13 Sec. 2. Subsection (b) of section 38a-476 of the 2008 supplement to
14 the general statutes is repealed and the following is substituted in lieu

15 thereof (*Effective from passage*):

16 (b) (1) No group health insurance plan or insurance arrangement
17 [may] shall impose a preexisting conditions provision [which] that
18 excludes coverage for a period beyond twelve months following the
19 insured's effective date of coverage. Any preexisting conditions
20 provision [may] shall only relate to conditions, whether physical or
21 mental, for which medical advice, diagnosis or care or treatment was
22 recommended or received during the six months immediately
23 preceding the effective date of coverage.

24 (2) No individual health insurance plan or insurance arrangement
25 [may] shall impose a preexisting conditions provision [which] that
26 excludes coverage beyond twelve months following the insured's
27 effective date of coverage. Any preexisting conditions provision [may]
28 shall only relate to conditions, whether physical or mental, for which
29 medical advice, diagnosis or care or treatment was recommended or
30 received during the twelve months immediately preceding the
31 effective date of coverage.

32 Sec. 3. Subparagraph (A) of subdivision (4) of section 38a-564 of the
33 2008 supplement to the general statutes is repealed and the following
34 is substituted in lieu thereof (*Effective from passage*):

35 (4) (A) "Small employer" means any person, firm, corporation,
36 limited liability company, partnership or association actively engaged
37 in business or self-employed for at least three consecutive months
38 who, on at least fifty per cent of its working days during the preceding
39 twelve months, employed no more than fifty eligible employees, the
40 majority of whom were employed within the state of Connecticut.
41 "Small employer" includes a self-employed individual. In determining
42 the number of eligible employees, companies which are affiliated
43 companies, as defined in section 33-840, or which are eligible to file a
44 combined tax return for purposes of taxation under chapter 208 shall
45 be considered one employer. Eligible employees shall not include
46 employees covered through the employer by health insurance plans or

47 insurance arrangements issued to or in accordance with a trust
48 established pursuant to collective bargaining subject to the federal
49 Labor Management Relations Act. Except as otherwise specifically
50 provided, provisions of sections 12-201, 12-211, 12-212a and 38a-564 to
51 38a-572, inclusive, [which] of the 2008 supplement to the general
52 statutes, as amended by this act, that apply to a small employer shall
53 continue to apply until the plan anniversary following the date the
54 employer no longer meets the requirements of this definition.

55 Sec. 4. Section 38a-982 of the general statutes is repealed and the
56 following is substituted in lieu thereof (*Effective from passage*):

57 (a) No insurance institution, agent or insurance-support
58 organization [may] shall prepare or request an investigative consumer
59 report pertaining to an individual in connection with an insurance
60 transaction involving an application for insurance, a policy renewal,
61 reinstatement or a change in insurance benefits unless the insurance
62 institution or agent informs the individual that: (1) [That he] The
63 individual may request to be interviewed in connection with the
64 preparation of the investigative consumer report and (2) [that] upon
65 request pursuant to section 38a-983, [he] the individual is entitled to
66 receive a copy of the investigative consumer report.

67 (b) If an investigative consumer report is to be prepared by an
68 insurance institution or agent, the institution or agent shall establish
69 reasonable procedures pertaining to the conduct of a personal
70 interview requested by an individual.

71 (c) If an investigative consumer report is to be prepared by an
72 insurance- support organization, the institution or agent desiring such
73 report shall inform the insurance-support organization whether a
74 personal interview has been requested by the individual. The
75 insurance-support organization shall establish reasonable procedures
76 pertaining to the conduct of such interviews, if requested.

77 Sec. 5. Section 38a-984 of the general statutes is repealed and the

78 following is substituted in lieu thereof (*Effective from passage*):

79 (a) [Within] Not later than thirty business days from the date of
80 receipt of a written request from an individual to correct, amend or
81 delete any recorded personal information concerning [him] the
82 individual within its possession, an insurance institution, agent or
83 insurance-support organization shall; [either:] (1) Correct, amend or
84 delete the portion of the recorded personal information in dispute; or
85 (2) notify the individual of: (A) Its refusal to make such correction,
86 amendment or deletion; (B) the reasons for the refusal, and (C) [his] the
87 individual's right to file a statement as provided in subsection (c) of
88 this section.

89 (b) If the insurance institution, agent or insurance-support
90 organization corrects, amends or deletes recorded personal
91 information in accordance with subdivision (1) of subsection (a) of this
92 section, it shall so notify the individual in writing and furnish the
93 correction, amendment or fact of deletion to: (1) Any person
94 specifically designated by the individual who may have, within the
95 preceding two years, received such recorded personal information; (2)
96 any insurance-support organization whose primary source of personal
97 information is insurance institutions if such organization has
98 systematically received such information from the insurance
99 institution within the preceding seven years; provided that the
100 correction, amendment or deletion need not be furnished if the
101 organization no longer maintains the information about the individual;
102 and (3) any insurance-support organization that furnished the personal
103 information that has been corrected, amended or deleted.

104 (c) Whenever an individual disagrees with an institution's, agent's
105 or organization's refusal to correct, amend or delete recorded personal
106 information, the individual shall be permitted to file with the
107 institution, agent or organization: (1) A concise statement specifying
108 what the individual believes to be the correct, relevant or fair
109 information, and (2) a concise statement of the reasons the individual

110 disagrees with the institution's, agent's or organization's refusal to
111 correct, amend or delete recorded personal information.

112 (d) In the event an individual files either statement as described in
113 subsection (c) of this section, the insurance institution, agent or
114 support organization shall: (1) File the statement with the disputed
115 personal information and provide a means by which anyone reviewing
116 such information will be cognizant of the individual's statement and
117 have access to it, (2) in any subsequent disclosure by the institution,
118 agent or organization of the recorded personal information that is the
119 subject of disagreement, clearly identify the matter in dispute and
120 provide the individual's statement along with the information being
121 disclosed, and (3) furnish the statement to the persons in the manner
122 specified in subsection (b) of this section.

123 (e) The rights granted to individuals in this section shall extend to
124 all individuals to the extent information concerning [them] such
125 individuals is collected and maintained by an insurance institution,
126 agent or insurance-support organization in connection with an
127 insurance transaction, except with respect to information that relates to
128 and is collected in connection with or in reasonable anticipation of, a
129 claim or a civil or criminal proceeding involving [them] such
130 individuals.

131 (f) For purposes of this section, the term "insurance-support
132 organization" does not include "consumer reporting agency".

133 Sec. 6. Section 38a-986 of the general statutes is repealed and the
134 following is substituted in lieu thereof (*Effective from passage*):

135 No insurance institution, agent or insurance-support organization
136 [may] shall seek information in connection with an insurance
137 transaction concerning any previous adverse underwriting decisions
138 experienced by an individual, or any previous insurance coverage
139 obtained by an individual through a residual market mechanism,
140 unless such institution, agent or organization also requests the reasons

141 for any previous adverse underwriting decision or the reasons
142 insurance coverage was previously obtained through a residual market
143 mechanism.

144 Sec. 7. Section 38a-987 of the general statutes is repealed and the
145 following is substituted in lieu thereof (*Effective from passage*):

146 No insurance institution or agent [may] shall base an adverse
147 underwriting decision in whole or in part:

148 (1) On a previous adverse underwriting decision or on the fact that
149 an individual previously obtained insurance coverage through a
150 residual market mechanism, provided an insurance institution or
151 agent may base an adverse underwriting decision on further
152 information obtained from an insurance institution or agent
153 responsible for a previous adverse underwriting decision;

154 (2) On personal information received from an insurance-support
155 organization whose primary source of information is an insurance
156 institution, provided an insurance institution or agent may base an
157 adverse underwriting decision on further personal information
158 obtained as the result of information received from an insurance-
159 support organization.

160 Sec. 8. Section 5-259 of the 2008 supplement to the general statutes is
161 repealed and the following is substituted in lieu thereof (*Effective*
162 *October 1, 2008*):

163 (a) The Comptroller, with the approval of the Attorney General and
164 of the Insurance Commissioner, shall arrange and procure a group
165 hospitalization and medical and surgical insurance plan or plans for
166 (1) state employees, (2) members of the General Assembly who elect
167 coverage under such plan or plans, (3) participants in an alternate
168 retirement program who meet the service requirements of section
169 5-162 or subsection (a) of section 5-166, (4) anyone receiving benefits
170 under section 5-144 or from any state-sponsored retirement system,

171 except the teachers' retirement system and the municipal employees
172 retirement system, (5) judges of probate and Probate Court employees,
173 (6) the surviving spouse, and any dependent children until they reach
174 the age of eighteen, of a state police officer, a member of an organized
175 local police department, a firefighter or a constable who performs
176 criminal law enforcement duties who dies before, on or after June 26,
177 2003, as the result of injuries received while acting within the scope of
178 such officer's or firefighter's or constable's employment and not as the
179 result of illness or natural causes, and whose surviving spouse and
180 dependent children are not otherwise eligible for a group
181 hospitalization and medical and surgical insurance plan, (7) employees
182 of the Capital City Economic Development Authority established by
183 section 32-601, and (8) the surviving spouse and dependent children of
184 any employee of a municipality who dies on or after October 1, 2000,
185 as the result of injuries received while acting within the scope of such
186 employee's employment and not as the result of illness or natural
187 causes, and whose surviving spouse and dependent children are not
188 otherwise eligible for a group hospitalization and medical and surgical
189 insurance plan. For purposes of this subdivision, "employee" means
190 any regular employee or elective officer receiving pay from a
191 municipality, "municipality" means any town, city, borough, school
192 district, taxing district, fire district, district department of health,
193 probate district, housing authority, regional work force development
194 board established under section 31-3k, flood commission or authority
195 established by special act or regional planning agency. For purposes of
196 subdivision (6) of this subsection, "firefighter" means any person who
197 is regularly employed and paid by any municipality for the purpose of
198 performing firefighting duties for a municipality on average of not less
199 than thirty-five hours per week. The minimum benefits to be provided
200 by such plan or plans shall be substantially equal in value to the
201 benefits that each such employee or member of the General Assembly
202 could secure in such plan or plans on an individual basis on the
203 preceding first day of July. The state shall pay for each such employee
204 and each member of the General Assembly covered by such plan or

205 plans the portion of the premium charged for such member's or
206 employee's individual coverage and seventy per cent of the additional
207 cost of the form of coverage and such amount shall be credited to the
208 total premiums owed by such employee or member of the General
209 Assembly for the form of such member's or employee's coverage under
210 such plan or plans. On and after January 1, 1989, the state shall pay for
211 anyone receiving benefits from any such state-sponsored retirement
212 system one hundred per cent of the portion of the premium charged
213 for such member's or employee's individual coverage and one
214 hundred per cent of any additional cost for the form of coverage. The
215 balance of any premiums payable by an individual employee or by a
216 member of the General Assembly for the form of coverage shall be
217 deducted from the payroll by the State Comptroller. The total
218 premiums payable shall be remitted by the Comptroller to the
219 insurance company or companies or nonprofit organization or
220 organizations providing the coverage. The amount of the state's
221 contribution per employee for a health maintenance organization
222 option shall be equal, in terms of dollars and cents, to the largest
223 amount of the contribution per employee paid for any other option
224 that is available to all eligible state employees included in the health
225 benefits plan, but shall not be required to exceed the amount of the
226 health maintenance organization premium.

227 (b) The insurance coverage procured under subsection (a) of this
228 section for active state employees, employees of the Connecticut
229 Institute for Municipal Studies, anyone receiving benefits from any
230 such state-sponsored retirement system and members of the General
231 Assembly, who are over sixty-five years of age, may be modified to
232 reflect benefits available to such employees or members pursuant to
233 Social Security and medical benefits programs administered by the
234 federal government, provided any payments required to secure such
235 benefits administered by the federal government shall be paid by the
236 Comptroller either directly to the employee or members or to the
237 agency of the federal government authorized to collect such payments.

238 (c) On October 1, 1972, the Comptroller shall continue to afford
239 payroll deduction services for employees participating in existing
240 authorized plans covering state employees until such time as the
241 employee elects in writing to be covered by the plan authorized by
242 subsection (a) of this section.

243 (d) Notwithstanding the provisions of subsection (a) of this section,
244 the state shall pay for a member of any such state-sponsored
245 retirement system, or a participant in an alternate retirement program
246 who meets the service requirements of section 5-162 or subsection (a)
247 of section 5-166, and who begins receiving benefits from such system
248 or program on or after November 1, 1989, eighty per cent of the
249 portion of the premium charged for his individual coverage and eighty
250 per cent of any additional cost for his form of coverage. Upon the
251 death of any such member, any surviving spouse of such member who
252 begins receiving benefits from such system shall be eligible for
253 coverage under this section and the state shall pay for any such spouse
254 eighty per cent of the portion of the premium charged for his
255 individual coverage and eighty per cent of any additional cost for his
256 form of coverage.

257 (e) Notwithstanding the provisions of subsection (a) of this section,
258 (1) vending stand operators eligible for membership in the state
259 employee's retirement system pursuant to section 5-175a, shall be
260 eligible for coverage under the group hospitalization and medical and
261 surgical insurance plans procured under this section, provided the cost
262 for such operators' insurance coverage shall be paid by the Board of
263 Education and Services for the Blind from vending machine income
264 pursuant to section 10-303, and (2) blind persons employed in
265 workshops, established pursuant to section 10-298a, on December 31,
266 2002, shall be eligible for coverage under the group hospitalization and
267 medical and surgical insurance plans procured under this section,
268 provided the cost for such persons' insurance coverage shall be paid by
269 the Board of Education and Services for the Blind. General workers
270 employed in positions by the Department of Developmental Services

271 as self-advocates, not to exceed ten employees, shall be eligible for sick
272 leave, in accordance with section 5-247 of the 2008 supplement to the
273 general statutes, vacation and personal leave, in accordance with
274 section 5-250, and holidays, in accordance with section 5-254.

275 (f) The Comptroller, with the approval of the Attorney General and
276 of the Insurance Commissioner, shall arrange and procure a group
277 hospitalization and medical and surgical insurance plan or plans for
278 any person who adopts a child from the state foster care system, any
279 person who has been a foster parent for the Department of Children
280 and Families for six months or more, a parent in a permanent family
281 residence for six months or more, and any dependent of such adoptive
282 parent, foster parent or parent in a permanent family residence who
283 elects coverage under such plan or plans. The Comptroller may also
284 arrange for inclusion of such person and any such dependent in an
285 existing group hospitalization and medical and surgical insurance plan
286 offered by the state. Any adoptive parent, foster parent or a parent in a
287 permanent family residence and any dependent who elects coverage
288 shall pay one hundred per cent of the premium charged for such
289 coverage directly to the insurer, provided such adoptive parent, foster
290 parent or parent and all such dependents shall be included in such
291 group hospitalization and medical and surgical insurance plan. A
292 person and his dependents electing coverage pursuant to this
293 subsection shall be eligible for such coverage until no longer an
294 adoptive parent, a foster parent or a parent in a permanent family
295 residence. An adoptive parent shall be eligible for such coverage until
296 the adopted child reaches the age of eighteen or, if the child has not
297 completed a secondary education program, until such child reaches
298 the age of twenty-one. As used in this section "dependent" means a
299 spouse or natural or adopted child if such child is wholly or partially
300 dependent for support upon the adoptive parent, foster parent or
301 parent in a permanent family residence.

302 (g) Notwithstanding the provisions of subsection (a) of this section,
303 the Probate Court Administration Fund established in accordance with

304 section 45a-82, shall pay for each probate judge and Probate Court
305 employee not more than one hundred per cent of the portion of the
306 premium charged for his or her individual coverage and not more than
307 fifty per cent of any additional cost for his or her form of coverage. The
308 remainder of the premium for such coverage shall be paid by the
309 probate judge or Probate Court employee to the State Treasurer.
310 Payment shall be credited by the State Treasurer to the fund
311 established by section 45a-82. The total premiums payable shall be
312 remitted by the Probate Court Administrator directly to the insurance
313 company or companies or nonprofit organization or organizations
314 providing the coverage. The Probate Court Administrator shall issue
315 regulations governing group hospitalization and medical and surgical
316 insurance pursuant to subdivision (1) of subsection (b) of section 45a-
317 77 of the 2008 supplement to the general statutes.

318 (h) For the purpose of subsection (g) of this section, "Probate Court
319 employee" means a person employed by a probate court for at least
320 twenty hours per week.

321 (i) (1) The Comptroller, with the approval of the Insurance
322 Commissioner, may provide for coverage of employees of
323 municipalities, nonprofit corporations, community action agencies and
324 small employers and individuals eligible for a health coverage tax
325 credit, retired members or members of an association for personal care
326 assistants under the plan or plans procured under subsection (a) of this
327 section, provided: [(1)] (A) Participation by each municipality,
328 nonprofit corporation, community action agency, small employer,
329 eligible individual, retired member or association for personal care
330 assistants shall be on a voluntary basis; [(2)] (B) where an employee
331 organization represents employees of a municipality, nonprofit
332 corporation, community action agency or small employer,
333 participation in a plan or plans to be procured under subsection (a) of
334 this section shall be by mutual agreement of the municipality,
335 nonprofit corporation, community action agency or small employer
336 and the employee organization only and neither party may submit the

337 issue of participation to binding arbitration except by mutual
338 agreement if such binding arbitration is available; [(3)] (C) no group of
339 employees shall be refused entry into the plan by reason of past or
340 future health care costs or claim experience; [(4)] (D) rates paid by the
341 state for its employees under subsection (a) of this section are not
342 adversely affected by this subsection; [(5)] (E) administrative costs to
343 the plan or plans provided under this subsection shall not be paid by
344 the state; [(6)] (F) participation in the plan or plans in an amount
345 determined by the state shall be for the duration of the period of the
346 plan or plans, or for such other period as mutually agreed by the
347 municipality, nonprofit corporation, community action agency, small
348 employer, retired member or association for personal care assistants
349 and the Comptroller; and [(7)] (G) nothing in this section or section 12-
350 202a, 38a-551, 38a-553 or 38a-556 shall be construed as requiring a
351 participating insurer or health care center to issue individual policies
352 to individuals eligible for a health coverage tax credit. The coverage
353 provided under this section may be referred to as the "Municipal
354 Employee Health Insurance Plan". The Comptroller may arrange and
355 procure for the employees and eligible individuals under this
356 subsection health benefit plans that vary from the plan or plans
357 procured under subsection (a) of this section. Notwithstanding any
358 provision of part V of chapter 700c, the coverage provided under this
359 subsection may be offered on either a fully underwritten or risk-pooled
360 basis at the discretion of the Comptroller. Any plan of coverage
361 provided under this subsection, whether offered on a fully
362 underwritten or on a risk-pooled basis, shall be subject to regulatory
363 oversight by the Insurance Commissioner and to all provisions of title
364 38a, except where specifically exempted by statute. For the purposes of
365 this subsection, [(A)] (i) "municipality" means any town, city, borough,
366 school district, taxing district, fire district, district department of
367 health, probate district, housing authority, regional work force
368 development board established under section 31-3k, regional
369 emergency telecommunications center, tourism district established
370 under section 32-302, flood commission or authority established by

371 special act, regional planning agency, transit district formed under
 372 chapter 103a, or the Children's Center established by number 571 of
 373 the public acts of 1969; [(B)] (ii) "nonprofit corporation" means [(i)] (I) a
 374 nonprofit corporation organized under 26 USC 501 that has a contract
 375 with the state or receives a portion of its funding from a municipality,
 376 the state or the federal government, or [(ii)] (II) an organization that is
 377 tax exempt pursuant to 26 USC 501(c)(5); [(C)] (iii) "community action
 378 agency" means a community action agency, as defined in section 17b-
 379 885; [(D)] (iv) "small employer" means a small employer, as defined in
 380 subparagraph (A) of subdivision (4) of section 38a-564 of the 2008
 381 supplement to the general statutes, as amended by this act; [(E)] (v)
 382 "eligible individuals" or "individuals eligible for a health coverage tax
 383 credit" means individuals who are eligible for the credit for health
 384 insurance costs under Section 35 of the Internal Revenue Code of 1986,
 385 or any subsequent corresponding internal revenue code of the United
 386 States, as from time to time amended, in accordance with the Pension
 387 Benefit Guaranty Corporation and Trade Adjustment Assistance
 388 programs of the Trade Act of 2002 (P.L. 107-210); [(F)] (vi) "association
 389 for personal care assistants" means an organization composed of
 390 personal care attendants who are employed by recipients of service
 391 [(i)] (I) under the home-care program for the elderly under section 17b-
 392 342, [(ii)] (II) under the personal care assistance program under section
 393 17b-605a, [(iii)] (III) in an independent living center pursuant to
 394 sections 17b-613 to 17b-615, inclusive, or [(iv)] (IV) under the program
 395 for individuals with acquired brain injury as described in section 17b-
 396 260a; and [(G)] (vii) "retired members" means individuals eligible for a
 397 retirement benefit from the Connecticut municipal employees'
 398 retirement system.

399 (2) (A) For a risk-pooled plan procured under subsection (j) of this
 400 section, the Comptroller shall submit to the Insurance Commissioner a
 401 plan of operation and thereafter any amendments necessary or
 402 appropriate to ensure the fair, reasonable and equitable administration
 403 of the plan. The commissioner shall approve such plan of operation if
 404 the commissioner deems it appropriate to ensure the fair, reasonable

405 and equitable administration of the plan and that it provides for the
406 sharing of pool gains or losses on an equitable proportionate basis. The
407 plan of operation shall become effective upon approval in writing by
408 the commissioner. If the Comptroller fails to submit a suitable plan of
409 operation or at any time thereafter fails to submit suitable amendments
410 to the plan of operation, the commissioner shall order the Comptroller
411 to cease and desist operation of the plan. The commissioner may
412 amend any plan at the time a plan of operation or subsequent
413 amendment is submitted by the Comptroller and approved by the
414 commissioner.

415 (B) The plan of operation shall establish procedures for: (i)
416 Establishing the benefits of the plan; (ii) selecting an administrator and
417 setting forth the powers and duties of said administrator; (iii)
418 establishing rates that are not excessive or inadequate, and setting rate
419 schedules, rate adjustments, rate classifications and any other actuarial
420 functions appropriate to the operation of the pool; (iv) establishing risk
421 sharing arrangements; (v) handling and accounting for assets and
422 moneys of the pool; and (vi) providing an annual fiscal report to the
423 commissioner.

424 (j) (1) Notwithstanding any provision of law to the contrary, the
425 existing rights and obligations of state employee organizations and the
426 state employer under current law and contract shall not be impaired
427 by the provisions of this section. (2) Other conditions of entry for any
428 group into the plan or plans procured under subsection (a) of this
429 section shall be determined by the Comptroller upon the
430 recommendation of a coalition committee established pursuant to
431 subsection (f) of section 5-278, except for such conditions referenced in
432 subsection (g) of this section. (3) Additional determinations by the
433 Comptroller on (A) issues generated by any group's actual or
434 contemplated participation in the plan or plans, (B) modifications to
435 the terms and conditions of any group's continued participation, (C)
436 related matters shall be made upon the recommendation of such
437 committee. (4) Notwithstanding any provision of law to the contrary, a

438 municipal employer and an employee organization may upon mutual
439 agreement reopen a collective bargaining agreement for the exclusive
440 purpose of negotiating on the participation by such municipal
441 employer or employee organization in the plan or plans offered under
442 the provisions of this section.

443 (k) The Comptroller shall submit annually to the General Assembly
444 and the Insurance Commissioner a review of the coverage of
445 employees of municipalities, nonprofit corporations, community
446 action agencies, small employers under subsection (i) of this section
447 and eligible individuals under subsection (i) of this section beginning
448 February 1, 2004.

449 (l) (1) Effective July 1, 1996, any deputies or special deputies
450 appointed pursuant to section 6-37 of the general statutes, revision of
451 1958, revised to 1999, or section 6-43, shall be allowed to participate in
452 the plan or plans procured by the Comptroller pursuant to subsection
453 (a) of this section. Such participation shall be voluntary and the
454 participant shall pay the full cost of the coverage under such plan.

455 (2) Effective December 1, 2000, any state marshal shall be allowed to
456 participate in the plan or plans procured by the Comptroller pursuant
457 to subsection (a) of this section. Such participation shall be voluntary
458 and the participant shall pay the full cost of the coverage under such
459 plan.

460 (3) Effective December 1, 2000, any judicial marshal shall be allowed
461 to participate in the plan or plans procured by the Comptroller
462 pursuant to subsection (a) of this section. Such participation shall be
463 voluntary and the participant shall pay the full cost of the coverage
464 under such plan unless and until the judicial marshals participate in
465 the plan or plans procured by the Comptroller under section 5-259 of
466 the 2008 supplement to the general statutes, as amended by this act,
467 through collective bargaining negotiations pursuant to subsection (f) of
468 section 5-278.

469 Sec. 9. Section 38a-133 of the general statutes is repealed and the
 470 following is substituted in lieu thereof (*Effective July 1, 2008*):

471 The provisions of sections 38a-130, 38a-131, 38a-132 and subsection
 472 (i) of section 38a-136 shall not apply to: Any offer, request, invitation,
 473 agreement or acquisition which the commissioner by order shall
 474 exempt therefrom as (A) not having been made or entered into for the
 475 purpose and not having the effect of changing or influencing the
 476 control of a domestic insurance company, or (B) as otherwise not
 477 comprehended within the purposes of sections 38a-129 to 38a-140,
 478 inclusive. For any exemption applied for on or after January 1, 2008,
 479 the company that is the subject of such offer, request, invitation,
 480 agreement or acquisition shall be given ninety days' notice of such
 481 application and the opportunity to submit any information in
 482 opposition or in support of the application for exemption prior to the
 483 commissioner considering such application. In making a finding
 484 whether to grant an exemption pursuant to this section, the
 485 commissioner shall find that any action taken to nominate, appoint or
 486 elect members to the board of directors of the company that is the
 487 subject of such offer, request, invitation, agreement or acquisition has
 488 the effect of changing or influencing the control of said company, and
 489 the commissioner shall deny such exemption request.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	38a-363(a)
Sec. 2	<i>from passage</i>	38a-476(b)
Sec. 3	<i>from passage</i>	38a-564(4)(A)
Sec. 4	<i>from passage</i>	38a-982
Sec. 5	<i>from passage</i>	38a-984
Sec. 6	<i>from passage</i>	38a-986
Sec. 7	<i>from passage</i>	38a-987
Sec. 8	<i>October 1, 2008</i>	5-259
Sec. 9	<i>July 1, 2008</i>	38a-133

Statement of Purpose:

To make technical revisions to the insurance statutes, to establish certain requirements for health plans approved by the Comptroller and to specify that such plans are subject to the insurance statutes, and to require the Insurance Commissioner to find that any action taken to nominate, appoint or elect members to the board of directors of a domestic insurance company has the effect of changing or influencing the control of said company, for purposes of section 38a-133 of the general statutes.

[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.]