AN ACT CONCERNING PREMIUM QUOTES AND INFORMATION FOR SMALL EMPLOYER HEALTH INSURANCE COVERAGE.

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

Section 1. Subdivisions (3) and (4) of section 38a-564 of the general statutes are repealed and the following is substituted in lieu thereof (Effective January 1, 2011):

(3) "Eligible employee" means an employee who works [on a full-time basis, with] a normal work week of [thirty] twenty or more hours and includes a sole proprietor, a partner of a partnership or an independent contractor, provided such sole proprietor, partner or contractor is included as an employee under a health care plan of a small employer but does not include an employee who works on a [part-time] seasonal, temporary or substitute basis. "Eligible employee" shall include any employee who is not actively at work but is covered under the small employer's health insurance plan pursuant to (A) workers' compensation, (B) continuation of benefits pursuant to federal extension requirements established by the Consolidated Omnibus Budget Reconciliation Act of 1985, [(P.L. 99-272)] P.L. 99-272, as amended from time to time, [(COBRA)] or (C) other applicable laws. [Such employees shall not be counted as eligible employees for the purposes of subsection (4) of this section.]

(4) (A) "Small employer" means any person, firm, corporation,
limited liability company, partnership or association actively engaged in business or self-employed for at least three consecutive months who, on at least fifty per cent of its working days during the preceding twelve months, employed no more than fifty eligible employees, the majority of whom were employed within the state of Connecticut. "Small employer" includes a self-employed individual. [In] For the purposes of determining the number of eligible employees [., companies which] under this subdivision: (i) Companies that are affiliated companies, as defined in section 33-840, or [which] that are eligible to file a combined tax return for purposes of taxation under chapter 208 shall be considered one employer; [., Eligible employees shall not include] (ii) employees covered through the employer by health insurance plans or insurance arrangements issued to or in accordance with a trust established pursuant to collective bargaining subject to the federal Labor Management Relations Act shall not be counted; (iii) employees who are not actively at work but are covered under the small employer's health insurance plan pursuant to workers' compensation, continuation of benefits pursuant to federal extension requirements established by the Consolidated Omnibus Budget Reconciliation Act of 1985, P.L. 99-272, as amended from time to time, or other applicable laws shall not be counted; and (iv) employees who work a normal work week of less than thirty hours shall not be counted. Except as otherwise specifically provided, provisions of sections 12-201, 12-211, 12-212a and 38a-564 to 38a-572, inclusive, that apply to a small employer shall continue to apply until the plan anniversary following the date the employer no longer meets the requirements of this definition.

(B) "Small employer" does not include (i) a municipality procuring health insurance pursuant to section 5-259, (ii) a private school in this state procuring health insurance through a health insurance plan or an insurance arrangement sponsored by an association of such private schools, (iii) a nonprofit organization procuring health insurance pursuant to section 5-259, unless the Secretary of the Office of Policy and Management and the State Comptroller make a request in writing...
to the Insurance Commissioner that such nonprofit organization be
deemed a small employer for the purposes of this chapter, (iv) an
association for personal care assistants procuring health insurance
pursuant to section 5-259, or (v) a community action agency procuring
health insurance pursuant to section 5-259.

Sec. 2. Subdivision (1) of section 38a-567 of the general statutes is
repealed and the following is substituted in lieu thereof (Effective
January 1, 2011):

(1) (A) (i) Any such insurer or producer marketing such plans or
arrangements shall offer premium quotes to small employers upon
request for coverage for employees who work a normal work week of
thirty or more hours. Upon request by a small employer, such insurer
or producer shall offer premium quotes for coverage for employees
that include those who work a normal work week of at least twenty
hours.

(ii) No small employer that has requested premium quotes for
coverage for employees that include those who work a normal work
week of less than thirty hours shall be required to accept such quotes
or coverage in lieu of premium quotes or coverage for only those
employees who work a normal work week of thirty or more hours.

(iii) Nothing in this subparagraph shall require a small employer
that offers coverage to its employees who work a normal work week of
thirty hours or more to offer coverage to its employees who work a
normal work week of less than thirty hours.

[(1) (A)] (B) Any such plan or arrangement shall be renewable with
respect to all eligible employees or dependents at the option of the
small employer, policyholder or contractholder, as the case may be,
except: (i) For nonpayment of the required premiums by the small
employer, policyholder or contractholder; (ii) for fraud or
misrepresentation of the small employer, policyholder or
contractholder or, with respect to coverage of individual insured, the
insureds or their representatives; (iii) for noncompliance with plan or
arrangement provisions; (iv) when the number of insureds covered
under the plan or arrangement is less than the number of insureds or
percentage of insureds required by participation requirements under
the plan or arrangement; or (v) when the small employer, policyholder
or contractholder is no longer actively engaged in the business in
which it was engaged on the effective date of the plan or arrangement.

[(B)] (C) Renewability of coverage may be effected by either
continuing in effect a plan or arrangement covering a small employer
or by substituting upon renewal for the prior plan or arrangement the
plan or arrangement then offered by the carrier that most closely
corresponds to the prior plan or arrangement and is available to other
small employers. Such substitution shall only be made under
conditions approved by the commissioner. A carrier may substitute a
plan or arrangement as stated above only if the carrier effects the same
substitution upon renewal for all small employers previously covered
under the particular plan or arrangement, unless otherwise approved
by the commissioner. The substitute plan or arrangement shall be
subject to the rating restrictions specified in this section on the same
basis as if no substitution had occurred, except for an adjustment
based on coverage differences.

[(C)] (D) Notwithstanding the provisions of this subdivision, any
such plan or arrangement, or any coverage provided under such plan
or arrangement may be rescinded for fraud, material
misrepresentation or concealment by an applicant, employee,
dependent or small employer.

[(D)] (E) Any individual who was not a late enrollee at the time of
his or her enrollment and whose coverage is subsequently rescinded
shall be allowed to reenroll as of a current date in such plan or
arrangement subject to any preexisting condition or other provisions
applicable to new enrollees without previous coverage. On and after
the effective date of such individual's reenrollment, the small employer
carrier may modify the premium rates charged to the small employer
for the balance of the current rating period and for future rating
periods, to the level determined by the carrier as applicable under the
carrier's established rating practices had full, accurate and timely
underwriting information been supplied when such individual
initially enrolled in the plan. The increase in premium rates allowed by
this provision for the balance of the current rating period shall not
exceed twenty-five per cent of the small employer's current premium
rates. Any such increase for the balance of said current rating period
shall not be subject to the rate limitation specified in subdivision (6) of
this section. The rate limitation specified in this section shall otherwise
be fully applicable for the current and future rating periods. The
modification of premium rates allowed by this subdivision shall cease
to be permitted for all plans and arrangements on the first rating
period commencing on or after July 1, 1995.

Sec. 3. (NEW) (Effective July 1, 2010) (a) There is established a
program which shall be known as the "Connecticut Clearinghouse", to
be administered by the Health Reinsurance Association established in
section 38a-556 of the general statutes, through which individuals and
small employers may obtain information about available health
insurance policies and health care plans.

(b) Said association shall, in consultation with the Insurance
Commissioner and the Healthcare Advocate, develop, within available
appropriations, a web site, telephone number or other method to serve
as a clearinghouse for information about individual and small
employer health insurance policies and health care plans that are
available to consumers in this state, including, but not limited to, the
Medicaid program, the HUSKY Plan, state-administered general
assistance, the Charter Oak Health Plan set forth in section 17b-311 of
the general statutes, the Municipal Employee Health Insurance Plan
set forth in subsection (i) of section 5-259 of the general statutes, and
any individual or small employer health insurance policies or health
care plans an insurer, health care center or other entity chooses to list
with the Connecticut Clearinghouse.

(c) Such method developed pursuant to subsection (b) of this section
shall use interactive tools or technology to provide a consumer with a list of health insurance policies or health care plans that, based on the responses provided by such consumer, may be appropriate for such consumer's circumstances.

(d) The Insurance Commissioner shall establish procedures for the Health Reinsurance Association to confirm with the Insurance Department that a policy or plan listed with the Connecticut Clearinghouse is approved to be sold in this state and that the insurer, health care center or other entity that offers such policy or plan is authorized to do business in this state. Such procedures shall include, but not be limited to, a timetable for such list to be updated on a regular basis, but not less than every ninety days.

| This act shall take effect as follows and shall amend the following sections: |
|-----------------|-----------------|-----------------|
| Section 1       | January 1, 2011 | 38a-564(3) and (4) |
| Sec. 2          | January 1, 2011 | 38a-567(1) |
| Sec. 3          | July 1, 2010    | New section |

**Statement of Legislative Commissioners:**
For the purposes for accuracy, "[(1)(A)]" was inserted before "(B)" in section 2.

**INS  Joint Favorable Subst.-LCO**