



General Assembly

**Substitute Bill No. 205**

February Session, 2012

\* \_\_\_\_\_SB00205INS\_\_031612\_\_\_\_\_\*

**AN ACT CONCERNING INSURANCE COVERAGE FOR THE BIRTH-TO-THREE PROGRAM.**

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

1 Section 1. Section 38a-490a of the 2012 supplement to the general  
2 statutes is repealed and the following is substituted in lieu thereof  
3 (*Effective July 1, 2012*):

4 (a) Each individual health insurance policy providing coverage of  
5 the type specified in subdivisions (1), (2), (4), (11) and (12) of section  
6 38a-469 delivered, issued for delivery, [or] renewed, amended or  
7 continued in this state [on or after July 1, 1996,] shall provide coverage  
8 for medically necessary early intervention services provided as part of  
9 an individualized family service plan pursuant to section 17a-248e.  
10 Such policy shall provide coverage for such services provided by  
11 qualified personnel, as defined in section 17a-248, for a child from birth  
12 until the child's third birthday.

13 (b) No such policy shall impose a coinsurance, copayment,  
14 deductible or other out-of-pocket expense for such services, except that  
15 a high deductible plan, as that term is used in subsection (f) of section  
16 38a-493, shall not be subject to the deductible limits set forth in this  
17 section.

18 (c) Such policy shall provide a maximum benefit of six thousand

19 four hundred dollars per child per year and an aggregate benefit of  
20 nineteen thousand two hundred dollars per child over the total three-  
21 year period.

22 (d) No payment made under this section shall (1) be applied by the  
23 insurer, health care center or plan administrator against or result in a  
24 loss of benefits due to any maximum lifetime or annual limits specified  
25 in the policy, [or health benefits plan] (2) adversely affect the  
26 availability of health insurance to the child, the child's parent or the  
27 child's family members insured under any such policy, or (3) be a  
28 reason for the insurer, health care center or plan administrator to  
29 rescind or cancel such policy. Payments made under this section shall  
30 not be treated differently than other claim experience for purposes of  
31 premium rating.

32 Sec. 2. Section 38a-516a of the 2012 supplement to the general  
33 statutes is repealed and the following is substituted in lieu thereof  
34 (*Effective July 1, 2012*):

35 (a) Each group health insurance policy providing coverage of the  
36 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-  
37 469 delivered, issued for delivery, [or] renewed, amended or continued  
38 in this state [on or after July 1, 1996,] shall provide coverage for  
39 medically necessary early intervention services provided as part of an  
40 individualized family service plan pursuant to section 17a-248e. Such  
41 policy shall provide coverage for such services provided by qualified  
42 personnel, as defined in section 17a-248, for a child from birth until the  
43 child's third birthday.

44 (b) No such policy shall impose a coinsurance, copayment,  
45 deductible or other out-of-pocket expense for such services, except that  
46 a high deductible plan, as that term is used in subsection (f) of section  
47 38a-493, shall not be subject to the deductible limits set forth in this  
48 section.

49 (c) Such policy shall provide a maximum benefit of six thousand  
50 four hundred dollars per child per year and an aggregate benefit of

51 nineteen thousand two hundred dollars per child over the total three-  
 52 year period, except that for a child with autism spectrum disorder, as  
 53 defined in section 38a-514b, who is receiving early intervention  
 54 services as defined in section 17a-248, the maximum benefit available  
 55 through early intervention providers shall be fifty thousand dollars per  
 56 child per year and an aggregate benefit of one hundred fifty thousand  
 57 dollars per child over the total three-year period as provided for in  
 58 section 38a-514b. Nothing in this section shall be construed to increase  
 59 the amount of coverage required for autism spectrum disorder for any  
 60 child beyond the amounts set forth in section 38a-514b. Any coverage  
 61 provided for autism spectrum disorder through an individualized  
 62 family service plan pursuant to section 17a-248e shall be credited  
 63 toward the coverage amounts required under section 38a-514b.

64 (d) No payment made under this section shall (1) be applied by the  
 65 insurer, health care center or plan administrator against or result in a  
 66 loss of benefits due to any maximum lifetime or annual limits specified  
 67 in the policy, [or health benefits plan] (2) adversely affect the  
 68 availability of health insurance to the child, the child's parent or the  
 69 child's family members insured under any such policy, or (3) be a  
 70 reason for the insurer, health care center or plan administrator to  
 71 rescind or cancel such policy. Payments made under this section shall  
 72 not be treated differently than other claim experience for purposes of  
 73 premium rating.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2012	38a-490a
Sec. 2	July 1, 2012	38a-516a

**INS**            *Joint Favorable Subst.*