



General Assembly

Amendment

January Session, 2017

LCO No. 8326



Offered by:

SEN. KELLY, 21st Dist.
SEN. LARSON, 3rd Dist.
SEN. LOONEY, 11th Dist.
SEN. FASANO, 34th Dist.
SEN. DUFF, 25th Dist.
SEN. WITKOS, 8th Dist.
SEN. GERRATANA, 6th Dist.
SEN. SOMERS, 18th Dist.

SEN. MOORE, 22nd Dist.
SEN. FLEXER, 29th Dist.
SEN. BOUCHER, 26th Dist.
SEN. LINARES, 33rd Dist.
SEN. BERTHEL, 32nd Dist.
SEN. HWANG, 28th Dist.
SEN. LOGAN, 17th Dist.

To: Subst. Senate Bill No. 586

File No. 242

Cal. No. 147

"AN ACT EXPANDING MANDATED HEALTH BENEFITS FOR WOMEN, CHILDREN AND ADOLESCENTS."

1 After the last section, add the following and renumber sections and
2 internal references accordingly:

3 "Sec. 501. (NEW) (*Effective January 1, 2018*) No special enrollment
4 period established in the general statutes that permits a person to
5 enroll in a health insurance policy, plan or arrangement because such
6 person has become pregnant shall be available to any person insured
7 under (1) a group hospitalization and medical and surgical insurance
8 plan or plans procured by the Comptroller pursuant to section 5-259 of
9 the general statutes, or (2) a fully insured group health insurance
10 policy sponsored by a municipality.

11 Sec. 502. Subdivision (2) of subsection (g) of section 38a-481 of the
12 general statutes is repealed and the following is substituted in lieu
13 thereof (*Effective January 1, 2018*):

14 (2) Each individual health insurance policy subject to the Affordable
15 Care Act shall (A) be offered on a guaranteed issue basis with respect
16 to all eligible individuals or dependents, and (B) provide special
17 enrollment periods (i) to all eligible individuals or dependents as set
18 forth in 45 CFR 147.104, as amended from time to time, and (ii) to all
19 eligible pregnant individuals not more than thirty days after the
20 commencement of the pregnancy, as certified by any licensed health
21 care provider acting within the scope of such health care provider's
22 practice. Coverage under subparagraph (B)(ii) of this subdivision shall
23 be (I) effective as of the first of the month in which the employee
24 receives such certification, and (II) limited to eligible employees who
25 do not have, at a minimum, essential benefits as determined under the
26 Patient Protection and Affordable Care Act, P.L. 111-148, as amended
27 from time to time, regulations adopted thereunder, or the coverage
28 requirements under chapter 700c. Nothing in this subdivision shall be
29 construed to prohibit any person from enrolling in an individual
30 health insurance policy offered or sold through the exchange or not
31 offered or sold through the exchange.

32 Sec. 503. Subsection (a) of section 38a-183 of the general statutes is
33 repealed and the following is substituted in lieu thereof (*Effective*
34 *January 1, 2018*):

35 (a) (1) A health care center governed by sections 38a-175 to 38a-192,
36 inclusive, shall not enter into any agreement with subscribers unless
37 and until it has filed with the commissioner a full schedule of the
38 amounts to be paid by the subscribers and has obtained the
39 commissioner's approval thereof. Such filing shall include an actuarial
40 memorandum that includes, but is not limited to, pricing assumptions
41 and claims experience, and premium rates and loss ratios from the
42 inception of the contract or policy. The commissioner may refuse such
43 approval if the commissioner finds such amounts to be excessive,

44 inadequate or discriminatory. As used in this subsection, "loss ratio"
45 means the ratio of incurred claims to earned premiums by the number
46 of years of policy duration for all combined durations.

47 (2) Premium rates offered to individuals shall be consistent with the
48 requirements set forth in section 38a-481.

49 (3) Premium rates offered to small employers, as defined in section
50 38a-564, shall be consistent with the requirements set forth in section
51 38a-567.

52 (4) No such health care center shall enter into any agreement with
53 subscribers unless and until it has filed with the commissioner a copy
54 of such agreement or agreements, including all riders and
55 endorsements thereon, and until the commissioner's approval thereof
56 has been obtained. The commissioner shall, within a reasonable time
57 after the filing of any request for an approval of the amounts to be
58 paid, any agreement or any form, notify the health care center of the
59 commissioner's approval or disapproval thereof.

60 Sec. 504. Section 38a-208 of the general statutes is repealed and the
61 following is substituted in lieu thereof (*Effective January 1, 2018*):

62 (a) No such corporation shall enter into any contract with
63 subscribers unless and until it has filed with the Insurance
64 Commissioner a full schedule of the rates to be paid by the subscribers
65 and has obtained said commissioner's approval thereof. Such filing
66 shall include an actuarial memorandum that includes, but is not
67 limited to, pricing assumptions and claims experience, and premium
68 rates and loss ratios from the inception of the contract. The
69 commissioner may refuse such approval if the commissioner finds
70 such rates to be excessive, inadequate or discriminatory. As used in
71 this subsection, "loss ratio" means the ratio of incurred claims to
72 earned premiums by the number of years of policy duration for all
73 combined durations.

74 (b) Premium rates and special enrollment periods offered to

75 individuals shall be consistent with the requirements set forth in
76 section 38a-481, as amended by this act.

77 (c) Premium rates offered to small employers, as defined in section
78 38a-564, shall be consistent with the requirements set forth in section
79 38a-567.

80 (d) No hospital service corporation shall enter into any contract with
81 subscribers unless and until it has filed with the Insurance
82 Commissioner a copy of such contract, including all riders and
83 endorsements thereof, and until said commissioner's approval thereof
84 has been obtained. The Insurance Commissioner shall, within a
85 reasonable time after the filing of any such form, notify such
86 corporation of the commissioner's approval or disapproval thereof.

87 Sec. 505. Section 38a-218 of the general statutes is repealed and the
88 following is substituted in lieu thereof (*Effective January 1, 2018*):

89 (a) No such medical service corporation shall enter into any contract
90 with subscribers unless and until it has filed with the Insurance
91 Commissioner a full schedule of the rates to be paid by the subscriber
92 and has obtained said commissioner's approval thereof. Such filing
93 shall include an actuarial memorandum that includes, but is not
94 limited to, pricing assumptions and claims experience, and premium
95 rates and loss ratios from the inception of the contract. The
96 commissioner may refuse such approval if the commissioner finds
97 such rates are excessive, inadequate or discriminatory. As used in this
98 subsection, "loss ratio" means the ratio of incurred claims to earned
99 premiums by the number of years of policy duration for all combined
100 durations.

101 (b) Premium rates and special enrollment periods offered to
102 individuals shall be consistent with the requirements set forth in
103 section 38a-481, as amended by this act.

104 (c) Premium rates offered to small employers, as defined in section
105 38a-564, shall be consistent with the requirements set forth in section

106 38a-567.

107 (d) No such medical service corporation shall enter into any contract
 108 with subscribers unless and until it has filed with the Insurance
 109 Commissioner a copy of such contract, including all riders and
 110 endorsements thereof, and until said commissioner's approval thereof
 111 has been obtained. The Insurance Commissioner shall, within a
 112 reasonable time after the filing of any such form, notify such
 113 corporation of the commissioner's approval or disapproval thereof."

This act shall take effect as follows and shall amend the following sections:		
Sec. 501	<i>January 1, 2018</i>	New section
Sec. 502	<i>January 1, 2018</i>	38a-481(g)(2)
Sec. 503	<i>January 1, 2018</i>	38a-183(a)
Sec. 504	<i>January 1, 2018</i>	38a-208
Sec. 505	<i>January 1, 2018</i>	38a-218