



General Assembly

**Amendment**

January Session, 2017

LCO No. 6909



Offered by:  
SEN. KELLY, 21<sup>st</sup> Dist.

To: House Bill No. 5591

File No. 626

Cal. No. 346

**"AN ACT CONCERNING PAY EQUITY IN THE WORKFORCE."**

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

3 "Sec. 501. Subdivision (1) of section 38a-567 of the general statutes is  
4 repealed and the following is substituted in lieu thereof (*Effective*  
5 *January 1, 2018*):

6 (1) (A) Any such plan or arrangement shall be offered on a  
7 guaranteed issue basis with respect to all eligible employees or  
8 dependents of such employees, at the option of the small employer,  
9 policyholder or contractholder, as the case may be.

10 (B) Any such plan or arrangement shall be renewable with respect  
11 to all eligible employees or dependents at the option of the small  
12 employer, policyholder or contractholder, as the case may be, except:  
13 (i) For nonpayment of the required premiums by the small employer,  
14 policyholder or contractholder; (ii) for fraud or misrepresentation of  
15 the small employer, policyholder or contractholder or, with respect to

16 coverage of individual insured, the insureds or their representatives;  
17 (iii) for noncompliance with plan or arrangement provisions; (iv) when  
18 the number of insureds covered under the plan or arrangement is less  
19 than the number of insureds or percentage of insureds required by  
20 participation requirements under the plan or arrangement; or (v) when  
21 the small employer, policyholder or contractholder is no longer  
22 actively engaged in the business in which it was engaged on the  
23 effective date of the plan or arrangement.

24 (C) Renewability of coverage may be effected by either continuing  
25 in effect a plan or arrangement covering a small employer or by  
26 substituting upon renewal for the prior plan or arrangement the plan  
27 or arrangement then offered by the carrier that most closely  
28 corresponds to the prior plan or arrangement and is available to other  
29 small employers. Such substitution shall only be made under  
30 conditions approved by the commissioner. A carrier may substitute a  
31 plan or arrangement as set forth in this subparagraph only if the  
32 carrier effects the same substitution upon renewal for all small  
33 employers previously covered under the particular plan or  
34 arrangement, unless otherwise approved by the commissioner. The  
35 substitute plan or arrangement shall be subject to the rating restrictions  
36 specified in this section on the same basis as if no substitution had  
37 occurred, except for an adjustment based on coverage differences.

38 (D) Any such plan or arrangement shall provide special enrollment  
39 periods (i) to all eligible employees or dependents as set forth in 45  
40 CFR 147.104, as amended from time to time, [and] (ii) for coverage  
41 under such plan or arrangement ordered by a court for a spouse or  
42 minor child of an eligible employee where request for enrollment is  
43 made not later than thirty days after the issuance of such court order,  
44 and (iii) to all eligible pregnant employees at any time after the  
45 commencement of the pregnancy, as certified by any licensed health  
46 care provider acting within the scope of such health care provider's  
47 practice. Coverage under subparagraph (D)(iii) of this subdivision  
48 shall be effective as of the first of the month in which the employee  
49 receives such certification.

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

53 (2) Each individual health insurance policy subject to the Affordable  
54 Care Act shall (A) be offered on a guaranteed issue basis with respect  
55 to all eligible individuals or dependents, and (B) provide special  
56 enrollment periods (i) to all eligible individuals or dependents as set  
57 forth in 45 CFR 147.104, as amended from time to time, and (ii) to all  
58 eligible pregnant individuals at any time after the commencement of  
59 the pregnancy, as certified by any licensed health care provider acting  
60 within the scope of such health care provider's practice. Coverage  
61 under subparagraph (B)(ii) of this subdivision shall be effective as of  
62 the first of the month in which the employee receives such  
63 certification.

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

67 (a) (1) A health care center governed by sections 38a-175 to 38a-192,  
68 inclusive, shall not enter into any agreement with subscribers unless  
69 and until it has filed with the commissioner a full schedule of the  
70 amounts to be paid by the subscribers and has obtained the  
71 commissioner's approval thereof. Such filing shall include an actuarial  
72 memorandum that includes, but is not limited to, pricing assumptions  
73 and claims experience, and premium rates and loss ratios from the  
74 inception of the contract or policy. The commissioner may refuse such  
75 approval if the commissioner finds such amounts to be excessive,  
76 inadequate or discriminatory. As used in this subsection, "loss ratio"  
77 means the ratio of incurred claims to earned premiums by the number  
78 of years of policy duration for all combined durations.

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

82 (3) Premium rates and special enrollment periods offered to small  
83 employers, as defined in section 38a-564, shall be consistent with the  
84 requirements set forth in section 38a-567, as amended by this act.

85 (4) No such health care center shall enter into any agreement with  
86 subscribers unless and until it has filed with the commissioner a copy  
87 of such agreement or agreements, including all riders and  
88 endorsements thereon, and until the commissioner's approval thereof  
89 has been obtained. The commissioner shall, within a reasonable time  
90 after the filing of any request for an approval of the amounts to be  
91 paid, any agreement or any form, notify the health care center of the  
92 commissioner's approval or disapproval thereof.

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

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

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

110 (c) Premium rates and special enrollment periods offered to small  
111 employers, as defined in section 38a-564, shall be consistent with the  
112 requirements set forth in section 38a-567, as amended by this act.

113 (d) No hospital service corporation shall enter into any contract with  
114 subscribers unless and until it has filed with the Insurance  
115 Commissioner a copy of such contract, including all riders and  
116 endorsements thereof, and until said commissioner's approval thereof  
117 has been obtained. The Insurance Commissioner shall, within a  
118 reasonable time after the filing of any such form, notify such  
119 corporation of the commissioner's approval or disapproval thereof.

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

122 (a) No such medical service corporation shall enter into any contract  
123 with subscribers unless and until it has filed with the Insurance  
124 Commissioner a full schedule of the rates to be paid by the subscriber  
125 and has obtained said commissioner's approval thereof. Such filing  
126 shall include an actuarial memorandum that includes, but is not  
127 limited to, pricing assumptions and claims experience, and premium  
128 rates and loss ratios from the inception of the contract. The  
129 commissioner may refuse such approval if the commissioner finds  
130 such rates are excessive, inadequate or discriminatory. As used in this  
131 subsection, "loss ratio" means the ratio of incurred claims to earned  
132 premiums by the number of years of policy duration for all combined  
133 durations.

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

137 (c) Premium rates and special enrollment periods offered to small  
138 employers, as defined in section 38a-564, shall be consistent with the  
139 requirements set forth in section 38a-567, as amended by this act.

140 (d) No such medical service corporation shall enter into any contract  
141 with subscribers unless and until it has filed with the Insurance  
142 Commissioner a copy of such contract, including all riders and  
143 endorsements thereof, and until said commissioner's approval thereof  
144 has been obtained. The Insurance Commissioner shall, within a

145 reasonable time after the filing of any such form, notify such  
146 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>	38a-567(1)
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