



General Assembly

Amendment

January Session, 2017

LCO No. 7240



Offered by:
SEN. KELLY, 21st 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. 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4 repealed and the following is substituted in lieu thereof (*Effective*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