



General Assembly

Amendment

January Session, 2017

LCO No. 8136



Offered by:
SEN. KELLY, 21st Dist.

To: Subst. House Bill No. 6668

File No. 222

Cal. No. 526

**"AN ACT CONCERNING PREGNANT WOMEN IN THE
WORKPLACE."**

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4 repealed and the following is substituted in lieu thereof (*Effective*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 not more than thirty days
45 after the commencement of the pregnancy, as certified by any licensed
46 health care provider acting within the scope of such health care
47 provider's practice. Coverage under subparagraph (D)(iii) of this
48 subdivision shall be (I) effective as of the first of the month in which

49 the employee receives such certification, and (II) limited to eligible
50 employees who do not have, at a minimum, essential benefits as
51 determined under the Patient Protection and Affordable Care Act, P.L.
52 111-1448, as amended from time to time, regulations adopted
53 thereunder, and the coverage requirements under chapter 700c.

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55 general statutes is repealed and the following is substituted in lieu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

57 (2) Each individual health insurance policy subject to the Affordable
58 Care Act shall (A) be offered on a guaranteed issue basis with respect
59 to all eligible individuals or dependents, and (B) provide special
60 enrollment periods (i) to all eligible individuals or dependents as set
61 forth in 45 CFR 147.104, as amended from time to time, and (ii) to all
62 eligible pregnant individuals at any time after the commencement of
63 the pregnancy, as certified by any licensed health care provider acting
64 within the scope of such health care provider's practice. Coverage
65 under subparagraph (B)(ii) of this subdivision shall be (I) effective as of
66 the first of the month in which the employee receives such
67 certification, and (II) limited to eligible employees who do not have, at
68 a minimum, essential benefits as determined under the Patient
69 Protection and Affordable Care Act, P.L. 111-1448, as amended from
70 time to time, regulations adopted thereunder, and the coverage
71 requirements under chapter 700c.

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73 repealed and the following is substituted in lieu thereof (*Effective*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

75 (a) (1) A health care center governed by sections 38a-175 to 38a-192,
76 inclusive, shall not enter into any agreement with subscribers unless
77 and until it has filed with the commissioner a full schedule of the
78 amounts to be paid by the subscribers and has obtained the
79 commissioner's approval thereof. Such filing shall include an actuarial
80 memorandum that includes, but is not limited to, pricing assumptions

81 and claims experience, and premium rates and loss ratios from the
82 inception of the contract or policy. The commissioner may refuse such
83 approval if the commissioner finds such amounts to be excessive,
84 inadequate or discriminatory. As used in this subsection, "loss ratio"
85 means the ratio of incurred claims to earned premiums by the number
86 of years of policy duration for all combined durations.

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

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

93 (4) No such health care center shall enter into any agreement with
94 subscribers unless and until it has filed with the commissioner a copy
95 of such agreement or agreements, including all riders and
96 endorsements thereon, and until the commissioner's approval thereof
97 has been obtained. The commissioner shall, within a reasonable time
98 after the filing of any request for an approval of the amounts to be
99 paid, any agreement or any form, notify the health care center of the
100 commissioner's approval or disapproval thereof.

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

103 (a) No such corporation shall enter into any contract with
104 subscribers unless and until it has filed with the Insurance
105 Commissioner a full schedule of the rates to be paid by the subscribers
106 and has obtained said commissioner's approval thereof. Such filing
107 shall include an actuarial memorandum that includes, but is not
108 limited to, pricing assumptions and claims experience, and premium
109 rates and loss ratios from the inception of the contract. The
110 commissioner may refuse such approval if the commissioner finds
111 such rates to be excessive, inadequate or discriminatory. As used in
112 this subsection, "loss ratio" means the ratio of incurred claims to

113 earned premiums by the number of years of policy duration for all
114 combined durations.

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

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

121 (d) No hospital service corporation shall enter into any contract with
122 subscribers unless and until it has filed with the Insurance
123 Commissioner a copy of such contract, including all riders and
124 endorsements thereof, and until said commissioner's approval thereof
125 has been obtained. The Insurance Commissioner shall, within a
126 reasonable time after the filing of any such form, notify such
127 corporation of the commissioner's approval or disapproval thereof.

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

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

142 (b) Premium rates and special enrollment periods offered to
143 individuals shall be consistent with the requirements set forth in

144 section 38a-481, as amended by this act.

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

148 (d) No such medical service corporation shall enter into any contract
 149 with subscribers unless and until it has filed with the Insurance
 150 Commissioner a copy of such contract, including all riders and
 151 endorsements thereof, and until said commissioner's approval thereof
 152 has been obtained. The Insurance Commissioner shall, within a
 153 reasonable time after the filing of any such form, notify such
 154 corporation of the commissioner's approval or disapproval thereof."

This act shall take effect as follows and shall amend the following sections:		
Sec. 501	January 1, 2018	38a-567(1)
Sec. 502	January 1, 2018	38a-481(g)(2)
Sec. 503	January 1, 2018	38a-183(a)
Sec. 504	January 1, 2018	38a-208
Sec. 505	January 1, 2018	38a-218