



General Assembly

Amendment

January Session, 2017

LCO No. 8311



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.

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*) (a) Each employer that
4 sponsors a fully insured group health insurance policy for its
5 employees shall provide a special enrollment period to all eligible
6 pregnant employees not more than thirty days after the
7 commencement of the pregnancy, as certified by any licensed health
8 care provider acting within the scope of such health care provider's
9 practice. Coverage under this subsection shall be (1) effective as of the
10 first of the month in which the employee receives such certification,
11 and (2) limited to eligible employees who do not have, at a minimum,
12 essential benefits as determined under the Patient Protection and
13 Affordable Care Act, P.L. 111-148, as amended from time to time,

14 regulations adopted thereunder or the coverage requirements under
15 chapter 700c, of the general statutes.

16 (b) Notwithstanding subsection (a) of this section, the special
17 enrollment period established in said subsection shall not be available
18 to any person insured under (1) a group hospitalization and medical
19 and surgical insurance plan or plans procured by the Comptroller
20 pursuant to section 5-259 of the general statutes, or (2) a fully insured
21 group health insurance policy sponsored by a municipality.

22 Sec. 502. Subdivision (1) of section 38a-567 of the general statutes is
23 repealed and the following is substituted in lieu thereof (*Effective*
24 *January 1, 2018*):

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

29 (B) Any such plan or arrangement shall be renewable with respect
30 to all eligible employees or dependents at the option of the small
31 employer, policyholder or contractholder, as the case may be, except:
32 (i) For nonpayment of the required premiums by the small employer,
33 policyholder or contractholder; (ii) for fraud or misrepresentation of
34 the small employer, policyholder or contractholder or, with respect to
35 coverage of individual insured, the insureds or their representatives;
36 (iii) for noncompliance with plan or arrangement provisions; (iv) when
37 the number of insureds covered under the plan or arrangement is less
38 than the number of insureds or percentage of insureds required by
39 participation requirements under the plan or arrangement; or (v) when
40 the small employer, policyholder or contractholder is no longer
41 actively engaged in the business in which it was engaged on the
42 effective date of the plan or arrangement.

43 (C) Renewability of coverage may be effected by either continuing
44 in effect a plan or arrangement covering a small employer or by
45 substituting upon renewal for the prior plan or arrangement the plan

46 or arrangement then offered by the carrier that most closely
47 corresponds to the prior plan or arrangement and is available to other
48 small employers. Such substitution shall only be made under
49 conditions approved by the commissioner. A carrier may substitute a
50 plan or arrangement as set forth in this subparagraph only if the
51 carrier effects the same substitution upon renewal for all small
52 employers previously covered under the particular plan or
53 arrangement, unless otherwise approved by the commissioner. The
54 substitute plan or arrangement shall be subject to the rating restrictions
55 specified in this section on the same basis as if no substitution had
56 occurred, except for an adjustment based on coverage differences.

57 (D) Any such plan or arrangement shall provide special enrollment
58 periods (i) to all eligible employees or dependents as set forth in 45
59 CFR 147.104, as amended from time to time, [and] (ii) for coverage
60 under such plan or arrangement ordered by a court for a spouse or
61 minor child of an eligible employee where request for enrollment is
62 made not later than thirty days after the issuance of such court order,
63 and (iii) to all eligible pregnant employees, except employees of a
64 municipality insured under a plan or arrangement offered by a
65 municipality, not more than thirty days after the commencement of the
66 pregnancy, as certified by any licensed health care provider acting
67 within the scope of such health care provider's practice. Coverage
68 under subparagraph (D)(iii) of this subdivision shall be (I) effective as
69 of the first of the month in which the employee receives such
70 certification, and (II) limited to eligible employees who do not have, at
71 a minimum, essential benefits as determined under the Patient
72 Protection and Affordable Care Act, P.L. 111-148, as amended from
73 time to time, regulations adopted thereunder or the coverage
74 requirements under chapter 700c.

75 Sec. 503. Subdivision (2) of subsection (g) of section 38a-481 of the
76 general statutes is repealed and the following is substituted in lieu
77 thereof (*Effective January 1, 2018*):

78 (2) Each individual health insurance policy subject to the Affordable

79 Care Act shall (A) be offered on a guaranteed issue basis with respect
80 to all eligible individuals or dependents, and (B) provide special
81 enrollment periods (i) to all eligible individuals or dependents as set
82 forth in 45 CFR 147.104, as amended from time to time, and (ii) to all
83 eligible pregnant individuals not more than thirty days after the
84 commencement of the pregnancy, as certified by any licensed health
85 care provider acting within the scope of such health care provider's
86 practice. Coverage under subparagraph (B)(ii) of this subdivision shall
87 be (I) effective as of the first of the month in which the employee
88 receives such certification, and (II) limited to eligible employees who
89 do not have, at a minimum, essential benefits as determined under the
90 Patient Protection and Affordable Care Act, P.L. 111-148, as amended
91 from time to time, regulations adopted thereunder, or the coverage
92 requirements under chapter 700c.

93 Sec. 504. Subsection (a) of section 38a-183 of the general statutes is
94 repealed and the following is substituted in lieu thereof (*Effective*
95 *January 1, 2018*):

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

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

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

114 (4) No such health care center shall enter into any agreement with
115 subscribers unless and until it has filed with the commissioner a copy
116 of such agreement or agreements, including all riders and
117 endorsements thereon, and until the commissioner's approval thereof
118 has been obtained. The commissioner shall, within a reasonable time
119 after the filing of any request for an approval of the amounts to be
120 paid, any agreement or any form, notify the health care center of the
121 commissioner's approval or disapproval thereof.

122 Sec. 505. Section 38a-208 of the general statutes is repealed and the
123 following is substituted in lieu thereof (*Effective January 1, 2018*):

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

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

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

142 (d) No hospital service corporation shall enter into any contract with
143 subscribers unless and until it has filed with the Insurance
144 Commissioner a copy of such contract, including all riders and
145 endorsements thereof, and until said commissioner's approval thereof
146 has been obtained. The Insurance Commissioner shall, within a
147 reasonable time after the filing of any such form, notify such
148 corporation of the commissioner's approval or disapproval thereof.

149 Sec. 506. Section 38a-218 of the general statutes is repealed and the
150 following is substituted in lieu thereof (*Effective January 1, 2018*):

151 (a) No such medical service corporation shall enter into any contract
152 with subscribers unless and until it has filed with the Insurance
153 Commissioner a full schedule of the rates to be paid by the subscriber
154 and has obtained said commissioner's approval thereof. Such filing
155 shall include an actuarial memorandum that includes, but is not
156 limited to, pricing assumptions and claims experience, and premium
157 rates and loss ratios from the inception of the contract. The
158 commissioner may refuse such approval if the commissioner finds
159 such rates are excessive, inadequate or discriminatory. As used in this
160 subsection, "loss ratio" means the ratio of incurred claims to earned
161 premiums by the number of years of policy duration for all combined
162 durations.

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

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

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

174 reasonable time after the filing of any such form, notify such
175 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	New section
Sec. 502	January 1, 2018	38a-567(1)
Sec. 503	January 1, 2018	38a-481(g)(2)
Sec. 504	January 1, 2018	38a-183(a)
Sec. 505	January 1, 2018	38a-208
Sec. 506	January 1, 2018	38a-218