



Senate

General Assembly

File No. 270

February Session, 2018

Substitute Senate Bill No. 206

Senate, April 5, 2018

The Committee on Insurance and Real Estate reported through SEN. LARSON of the 3rd Dist. and SEN. KELLY of the 21st Dist., Chairpersons of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT AUTHORIZING PREGNANCY AS A QUALIFYING EVENT FOR SPECIAL ENROLLMENT PERIODS FOR CERTAIN INDIVIDUALS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective January 1, 2019*) No special enrollment
2 period established in the general statutes that permits a person to
3 enroll in a health insurance policy, plan or arrangement because such
4 person has become pregnant shall be available to any person insured
5 under (1) a group hospitalization and medical and surgical insurance
6 plan or plans procured by the Comptroller pursuant to section 5-259 of
7 the general statutes, or (2) a fully insured group health insurance
8 policy sponsored by a municipality.

9 Sec. 2. Subdivision (2) of subsection (g) of section 38a-481 of the
10 general statutes is repealed and the following is substituted in lieu
11 thereof (*Effective January 1, 2019*):

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

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

28 Sec. 3. Subsection (a) of section 38a-183 of the 2018 supplement to
29 the general statutes is repealed and the following is substituted in lieu
30 thereof (*Effective January 1, 2019*):

31 (a) (1) A health care center governed by sections 38a-175 to 38a-194,
32 inclusive, shall not enter into any agreement with subscribers unless
33 and until it has filed with the commissioner a full schedule of the
34 amounts to be paid by the subscribers and has obtained the
35 commissioner's approval thereof. Such filing shall include an actuarial
36 memorandum that includes, but is not limited to, pricing assumptions
37 and claims experience, and premium rates and loss ratios from the
38 inception of the contract or policy. The commissioner may refuse such
39 approval if the commissioner finds such amounts to be excessive,
40 inadequate or discriminatory. As used in this subsection, "loss ratio"
41 means the ratio of incurred claims to earned premiums by the number
42 of years of policy duration for all combined durations.

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

46 (3) Premium rates offered to small employers, as defined in section
47 38a-564, shall be consistent with the requirements set forth in section
48 38a-567.

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

57 Sec. 4. Section 38a-208 of the general statutes is repealed and the
58 following is substituted in lieu thereof (*Effective January 1, 2019*):

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

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

74 (c) Premium rates offered to small employers, as defined in section
75 38a-564, shall be consistent with the requirements set forth in section
76 38a-567.

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

84 Sec. 5. Section 38a-218 of the general statutes is repealed and the
85 following is substituted in lieu thereof (*Effective January 1, 2019*):

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

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

101 (c) Premium rates offered to small employers, as defined in section
102 38a-564, shall be consistent with the requirements set forth in section
103 38a-567.

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

109 reasonable time after the filing of any such form, notify such
 110 corporation of the commissioner's approval or disapproval thereof.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2019	New section
Sec. 2	January 1, 2019	38a-481(g)(2)
Sec. 3	January 1, 2019	38a-183(a)
Sec. 4	January 1, 2019	38a-208
Sec. 5	January 1, 2019	38a-218

Statement of Legislative Commissioners:

In Section 2(2), "individual" was substituted for "employee" and "individuals" was substituted for "employees" for consistency.

INS *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note***State Impact:*** None***Municipal Impact:*** None***Explanation***

The bill does not result in a fiscal impact to the state or municipalities as their health plans are expressly exempt from the provisions of the bill or otherwise not required to comply with state health mandates pursuant to federal law, as is the case with self-insured municipal plans.

The Out Years***State Impact:*** None***Municipal Impact:*** None

OLR Bill Analysis**sSB 206*****AN ACT AUTHORIZING PREGNANCY AS A QUALIFYING EVENT FOR SPECIAL ENROLLMENT PERIODS FOR CERTAIN INDIVIDUALS.*****SUMMARY**

This bill requires certain health insurance plans to provide a special enrollment period to eligible pregnant women who do not have insurance that covers the federal Affordable Care Act's (ACA) minimum essential health benefits or otherwise meets the minimum coverage requirements in state law. A special enrollment period is a time outside of open-enrollment when eligible individuals may apply for health insurance.

Under the bill, a special enrollment period must be offered to a pregnant woman within 30 days after the pregnancy began, as certified by a licensed care provider acting within his or her scope of practice; and coverage must begin on the first of the month in which she receives the certification.

The bill also (1) does not prohibit any person from enrolling in an individual health insurance policy on or off the health insurance exchange and (2) makes conforming changes, including requiring plans subject to the ACA to conform special enrollment periods to federal requirements.

The bill applies to all individual health plans subject to the ACA; plans offered by health care centers (i.e., HMOs); and hospital and medical service corporation contracts. However, it does not apply to (1) group hospitalization, medical, and surgical insurance plans (i.e., group health insurance plans); (2) certain group plans procured by the comptroller for state employees; or (3) fully insured municipal group

health insurance plans.

The bill also makes conforming changes.

EFFECTIVE DATE: January 1, 2019

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 18 Nay 3 (03/20/2018)