



General Assembly

**Substitute Bill No. 206**

February Session, 2018



**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10 general statutes is repealed and the following is substituted in lieu  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29 the general statutes is repealed and the following is substituted in lieu  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	<i>January 1, 2019</i>	New section
Sec. 2	<i>January 1, 2019</i>	38a-481(g)(2)
Sec. 3	<i>January 1, 2019</i>	38a-183(a)
Sec. 4	<i>January 1, 2019</i>	38a-208
Sec. 5	<i>January 1, 2019</i>	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.*