



General Assembly

February Session, 2018

Amendment

LCO No. 5542



Offered by:
REP. SCANLON, 98th Dist.

To: Subst. House Bill No. 5206 File No. 233 Cal. No. 166

"AN ACT CONCERNING INSURANCE ISSUES."

1 After the last section, add the following and renumber sections and
2 internal references accordingly:

3 "Sec. 501. Section 1 of senate bill 198 of the current session, as
4 amended by Senate Amendment Schedule "A", is repealed and the
5 following is substituted in lieu thereof (*Effective from passage*):

6 (a) There is established a task force to study and develop strategies
7 to develop, expand and improve the insurance industry workforce in
8 this state. Such study shall include, but need not be limited to, (1) an
9 evaluation and analysis of the status of the insurance industry
10 workforce in this state, (2) the employment needs of the insurance
11 industry in this state, and (3) methods of developing, expanding and
12 improving the insurance industry workforce in this state.

13 (b) The task force shall consist of the following members:

14 (1) Two appointed by the speaker of the House of Representatives;

- 15 (2) Two appointed by the president pro tempore of the Senate;
- 16 (3) One appointed by the majority leader of the House of
17 Representatives;
- 18 (4) One appointed by the majority leader of the Senate;
- 19 (5) One appointed by the minority leader of the House of
20 Representatives;
- 21 (6) Two appointed by the minority leader of the Senate;
- 22 (7) One appointed by the deputy Senate Republican president pro
23 tempore;
- 24 (8) The Insurance Commissioner, or the commissioner's designee;
25 [and]
- 26 (9) The president of the Board of Regents for Higher Education, or
27 the president's designee; and
- 28 (10) The president of The University of Connecticut, or the
29 president's designee.
- 30 (c) Any member of the task force appointed under subdivision (1),
31 (2), (3), (4), (5), (6) or (7) of subsection (b) of this section may be a
32 member of the General Assembly.
- 33 (d) All appointments to the task force shall be made not later than
34 thirty days after the effective date of this section. Any vacancy shall be
35 filled by the appointing authority.
- 36 (e) The speaker of the House of Representatives and the president
37 pro tempore of the Senate shall select the chairpersons of the task force
38 from among the members of the task force. Such chairpersons shall
39 schedule the first meeting of the task force, which shall be held not
40 later than sixty days after the effective date of this section.
- 41 (f) The administrative staff of the joint standing committee of the

42 General Assembly having cognizance of matters relating to insurance
43 shall serve as administrative staff of the task force.

44 (g) Not later than January 1, 2019, the task force shall submit a
45 report on its findings and recommendations to the joint standing
46 committee of the General Assembly having cognizance of matters
47 relating to insurance, in accordance with the provisions of section 11-
48 4a of the general statutes. The task force shall terminate on the date
49 that it submits such report or January 1, 2019, whichever is later.

50 Sec. 502. Section 3 of substitute house bill 5210 of the current
51 session, as amended by House Amendment Schedule "A", is repealed
52 and the following is substituted in lieu thereof (*Effective January 1,*
53 *2019*):

54 (a) [(1) Except as provided in subdivision (2) of this subsection,
55 each] Each individual health insurance policy providing coverage of
56 the type specified in subdivisions (1), (2), (4), (11) and (12) of section
57 38a-469 of the general statutes delivered, issued for delivery, renewed,
58 amended or continued in this state shall provide coverage for the
59 following evidence-based benefits and services that have in effect a
60 rating of "A" or "B" in recommendations of the United States
61 Preventive Services Task Force or are provided for in comprehensive
62 guidelines supported by the United States Health Resources and
63 Services Administration, as such recommendations and guidelines
64 may be amended from time to time:

65 [(A)] (1) Domestic and interpersonal violence screening and
66 counseling for any woman;

67 [(B)] (2) Tobacco use intervention and cessation counseling for any
68 woman who consumes tobacco;

69 [(C)] (3) Well-woman visits for any woman who is younger than
70 sixty-five years of age;

71 [(D)] (4) Breast cancer chemoprevention counseling for any woman

72 who is at increased risk for breast cancer due to family history or prior
73 personal history of breast cancer, positive genetic testing or other
74 indications as determined by such woman's physician or advanced
75 practice registered nurse;

76 [(E)] (5) Breast cancer risk assessment, genetic testing and
77 counseling;

78 [(F)] (6) Chlamydia infection screening for any sexually-active
79 woman;

80 [(G)] (7) Cervical and vaginal cancer screening for any sexually-
81 active woman;

82 [(H)] (8) Gonorrhea screening for any sexually-active woman;

83 [(I)] (9) Human immunodeficiency virus screening for any sexually-
84 active woman;

85 [(J)] (10) Human papillomavirus screening for any woman with
86 normal cytology results who is thirty years of age or older;

87 [(K)] (11) Sexually transmitted infections counseling for any
88 sexually-active woman;

89 [(L)] (12) Anemia screening for any pregnant woman and any
90 woman who is likely to become pregnant;

91 [(M)] (13) Folic acid supplements for any pregnant woman and any
92 woman who is likely to become pregnant;

93 [(N)] (14) Hepatitis B screening for any pregnant woman;

94 [(O)] (15) Rhesus incompatibility screening for any pregnant woman
95 and follow-up rhesus incompatibility testing for any pregnant woman
96 who is at increased risk for rhesus incompatibility;

97 [(P)] (16) Syphilis screening for any pregnant woman and any
98 woman who is at increased risk for syphilis;

99 [(Q)] (17) Urinary tract and other infection screening for any
100 pregnant woman;

101 [(R)] (18) Breastfeeding support and counseling for any pregnant or
102 breastfeeding woman;

103 [(S)] (19) Breastfeeding supplies, including, but not limited to, a
104 breast pump for any breastfeeding woman;

105 [(T)] (20) Gestational diabetes screening for any woman who is
106 twenty-four to twenty-eight weeks pregnant and any woman who is at
107 increased risk for gestational diabetes;

108 [(U)] (21) Osteoporosis screening for any woman who is sixty years
109 of age or older; and

110 [(V) Such additional evidence-based items or services not described
111 in subparagraphs (A) to (U), inclusive, of this subdivision that receive
112 a rating of "A" or "B" in any recommendations of the United States
113 Preventive Services Task Force effective after January 1, 2018; and]

114 [(W)] (22) With respect to infants, children and adolescents,
115 [evidence-informed] preventive care and screenings. [provided for in
116 the comprehensive guidelines supported by the United States Health
117 Resources and Services Administration, as effective on January 1, 2018,
118 and such additional preventive care and screenings provided for in
119 any comprehensive guidelines supported by said administration and
120 effective after January 1, 2018.

121 (2) No policy described in subdivision (1) of this subsection shall be
122 required to provide coverage for any benefit or service described in
123 subparagraphs (A) to (U), inclusive, of said subdivision unless such
124 benefit or service is an evidence-based item or service that had a rating
125 of "A" or "B" in the recommendations of the United States Preventive
126 Services Task Force as such recommendations were in effect on
127 January 1, 2018.]

128 (b) Notwithstanding subsection (a) of this section, no policy

129 providing the type of coverage described in said subsection shall cease
130 to provide coverage for a benefit or service described in said
131 subsection that had in effect a rating of "A" or "B" in recommendations
132 of the United States Preventive Services Task Force or was provided
133 for in comprehensive guidelines supported by the United States Health
134 Resources and Services Administration, as said recommendations and
135 guidelines were in effect on January 1, 2018.

136 [(b)] (c) No policy described in subsection (a) of this section shall
137 impose a coinsurance, copayment, deductible or other out-of-pocket
138 expense for the benefits and services required under [said subsection]
139 subsections (a) and (b) of this section. The provisions of this subsection
140 shall apply to a high deductible plan, as that term is used in subsection
141 (f) of section 38a-493 of the general statutes, to the maximum extent
142 permitted by federal law, except if such plan is used to establish a
143 health savings account, as that term is used in Section 223 of the
144 Internal Revenue Code of 1986 or any subsequent corresponding
145 internal revenue code of the United States, as amended from time to
146 time, the provisions of this subsection shall apply to such plan to the
147 maximum extent that (1) is permitted by federal law, and (2) does not
148 disqualify such account for the deduction allowed under said Section
149 223. Nothing in this section shall preclude a policy that provides the
150 coverage required under [subsection] subsections (a) and (b) of this
151 section and uses a provider network from imposing cost-sharing
152 requirements for any benefit or service required under said [subsection
153 (a)] subsections that is delivered by an out-of-network provider.

154 Sec. 503. Section 4 of substitute house bill 5210 of the current
155 session, as amended by House Amendment Schedule "A", is repealed
156 and the following is substituted in lieu thereof (*Effective January 1,*
157 *2019*):

158 (a) [(1) Except as provided in subdivision (2) of this subsection,
159 each] Each group health insurance policy providing coverage of the
160 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
161 469 of the general statutes delivered, issued for delivery, renewed,

162 amended or continued in this state shall provide coverage for the
163 following evidence-based benefits and services that have in effect a
164 rating of "A" or "B" in recommendations of the United States
165 Preventive Services Task Force or are provided for in comprehensive
166 guidelines supported by the United States Health Resources and
167 Services Administration, as such recommendations and guidelines
168 may be amended from time to time:

169 [(A)] (1) Domestic and interpersonal violence screening and
170 counseling for any woman;

171 [(B)] (2) Tobacco use intervention and cessation counseling for any
172 woman who consumes tobacco;

173 [(C)] (3) Well-woman visits for any woman who is younger than
174 sixty-five years of age;

175 [(D)] (4) Breast cancer chemoprevention counseling for any woman
176 who is at increased risk for breast cancer due to family history or prior
177 personal history of breast cancer, positive genetic testing or other
178 indications as determined by such woman's physician or advanced
179 practice registered nurse;

180 [(E)] (5) Breast cancer risk assessment, genetic testing and
181 counseling;

182 [(F)] (6) Chlamydia infection screening for any sexually-active
183 woman;

184 [(G)] (7) Cervical and vaginal cancer screening for any sexually-
185 active woman;

186 [(H)] (8) Gonorrhea screening for any sexually-active woman;

187 [(I)] (9) Human immunodeficiency virus screening for any sexually-
188 active woman;

189 [(J)] (10) Human papillomavirus screening for any woman with

- 190 normal cytology results who is thirty years of age or older;
- 191 [(K)] (11) Sexually transmitted infections counseling for any
192 sexually-active woman;
- 193 [(L)] (12) Anemia screening for any pregnant woman and any
194 woman who is likely to become pregnant;
- 195 [(M)] (13) Folic acid supplements for any pregnant woman and any
196 woman who is likely to become pregnant;
- 197 [(N)] (14) Hepatitis B screening for any pregnant woman;
- 198 [(O)] (15) Rhesus incompatibility screening for any pregnant woman
199 and follow-up rhesus incompatibility testing for any pregnant woman
200 who is at increased risk for rhesus incompatibility;
- 201 [(P)] (16) Syphilis screening for any pregnant woman and any
202 woman who is at increased risk for syphilis;
- 203 [(Q)] (17) Urinary tract and other infection screening for any
204 pregnant woman;
- 205 [(R)] (18) Breastfeeding support and counseling for any pregnant or
206 breastfeeding woman;
- 207 [(S)] (19) Breastfeeding supplies, including, but not limited to, a
208 breast pump for any breastfeeding woman;
- 209 [(T)] (20) Gestational diabetes screening for any woman who is
210 twenty-four to twenty-eight weeks pregnant and any woman who is at
211 increased risk for gestational diabetes;
- 212 [(U)] (21) Osteoporosis screening for any woman who is sixty years
213 of age or older; and
- 214 [(V)] Such additional evidence-based items or services not described
215 in subparagraphs (A) to (U), inclusive, of this subdivision that receive
216 a rating of "A" or "B" in any recommendations of the United States

217 Preventive Services Task Force effective after January 1, 2018; and]

218 [(W)] (22) With respect to infants, children and adolescents,
219 [evidence-informed] preventive care and screenings. [provided for in
220 the comprehensive guidelines supported by the United States Health
221 Resources and Services Administration, as effective on January 1, 2018,
222 and such additional preventive care and screenings provided for in
223 any comprehensive guidelines supported by said administration and
224 effective after January 1, 2018.

225 (2) No policy described in subdivision (1) of this subsection shall be
226 required to provide coverage for any benefit or service described in
227 subparagraphs (A) to (U), inclusive, of said subdivision unless such
228 benefit or service is an evidence-based item or service that had a rating
229 of "A" or "B" in the recommendations of the United States Preventive
230 Services Task Force as such recommendations were in effect on
231 January 1, 2018.]

232 (b) Notwithstanding subsection (a) of this section, no policy
233 providing the type of coverage described in said subsection shall cease
234 to provide coverage for a benefit or service described in said
235 subsection that had in effect a rating of "A" or "B" in recommendations
236 of the United States Preventive Services Task Force or was provided
237 for in comprehensive guidelines supported by the United States Health
238 Resources and Services Administration, as said recommendations and
239 guidelines were in effect on January 1, 2018.

240 [(b)] (c) No policy described in subsection (a) of this section shall
241 impose a coinsurance, copayment, deductible or other out-of-pocket
242 expense for the benefits and services required under [said subsection]
243 subsections (a) and (b) of this section. The provisions of this subsection
244 shall apply to a high deductible plan, as that term is used in subsection
245 (f) of section 38a-493 of the general statutes, to the maximum extent
246 permitted by federal law, except if such plan is used to establish a
247 health savings account, as that term is used in Section 223 of the
248 Internal Revenue Code of 1986 or any subsequent corresponding

249 internal revenue code of the United States, as amended from time to
250 time, the provisions of this subsection shall apply to such plan to the
251 maximum extent that (1) is permitted by federal law, and (2) does not
252 disqualify such account for the deduction allowed under said Section
253 223. Nothing in this section shall preclude a policy that provides the
254 coverage required under [subsection] subsections (a) and (b) of this
255 section and uses a provider network from imposing cost-sharing
256 requirements for any benefit or service required under said [subsection
257 (a)] subsections that is delivered by an out-of-network provider.

258 Sec. 504. Subsection (a) of section 5 of substitute house bill 5210 of
259 the current session, as amended by House Amendment Schedule "A",
260 is repealed and the following is substituted in lieu thereof (*Effective*
261 *January 1, 2019*):

262 (a) Each individual health insurance policy providing coverage of
263 the type specified in subdivisions (1), (2), (4), (11) and (12) of section
264 38a-469 of the general statutes delivered, issued for delivery, renewed,
265 amended or continued in this state that provides coverage for
266 prescription drugs shall provide coverage for [(1)] immunizations
267 recommended [by the American Academy of Pediatrics, American
268 Academy of Family Physicians and the American College of
269 Obstetricians and Gynecologists, and (2) immunizations that have in
270 effect a recommendation from the Advisory Committee on
271 Immunization Practices of the Centers for Disease Control and
272 Prevention with respect to the individual involved] for routine use in
273 children, adolescents and adults that have in effect a recommendation
274 from the National Advisory Committee on Immunization Practices of
275 the National Centers for Disease Control and Prevention with respect
276 to the individual involved. For the purposes of this subsection, (1) a
277 recommendation from the National Advisory Committee on
278 Immunization Practices is in effect if the recommendation has been
279 adopted by the director of the National Centers for Disease Control
280 and Prevention, and (2) is considered to be for routine use if the
281 immunization is listed on the National Centers for Disease Control and
282 Prevention's Adult Immunization Schedule or Immunization Schedule

283 for Children and Adolescents, as advised by professional
284 organizations that work with the National Advisory Committee on
285 Immunization Practices to develop the annual adult and childhood
286 schedules including the American Academy of Pediatrics, American
287 Academy of Family Physicians, American College of Obstetricians and
288 Gynecologists and American College of Physicians.

289 Sec. 505. Subsection (a) of section 6 of substitute house bill 5210 of
290 the current session, as amended by House Amendment Schedule "A",
291 is repealed and the following is substituted in lieu thereof (*Effective*
292 *January 1, 2019*):

293 (a) Each group health insurance policy providing coverage of the
294 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
295 469 of the general statutes delivered, issued for delivery, renewed,
296 amended or continued in this state that provides coverage for
297 prescription drugs shall provide coverage for [(1)] immunizations
298 recommended [by the American Academy of Pediatrics, American
299 Academy of Family Physicians and the American College of
300 Obstetricians and Gynecologists, and (2) immunizations that have in
301 effect a recommendation from the Advisory Committee on
302 Immunization Practices of the Centers for Disease Control and
303 Prevention with respect to the individual involved] for routine use in
304 children, adolescents and adults that have in effect a recommendation
305 from the National Advisory Committee on Immunization Practices of
306 the National Centers for Disease Control and Prevention with respect
307 to the individual involved. For the purposes of this subsection, (1) a
308 recommendation from the National Advisory Committee on
309 Immunization Practices is in effect if the recommendation has been
310 adopted by the director of the National Centers for Disease Control
311 and Prevention, and (2) is considered to be for routine use if the
312 immunization is listed on the National Centers for Disease Control and
313 Prevention's Adult Immunization Schedule or Immunization Schedule
314 for Children and Adolescents, as advised by professional
315 organizations that work with the National Advisory Committee on
316 Immunization Practices to develop the annual adult and childhood

317 schedules including the American Academy of Pediatrics, American
318 Academy of Family Physicians, American College of Obstetricians and
319 Gynecologists and American College of Physicians.

320 Sec. 506. Subsection (a) of section 38a-503e of the general statutes, as
321 amended by section 11 of substitute house bill 5210 of the current
322 session, as amended by House Amendment Schedule "A", is repealed
323 and the following is substituted in lieu thereof (*Effective January 1,*
324 *2019*):

325 (a) Each individual health insurance policy providing coverage of
326 the type specified in subdivisions (1), (2), (4), (11) and (12) of section
327 38a-469 delivered, issued for delivery, renewed, amended or continued
328 in this state shall provide coverage for the following benefits and
329 services:

330 (1) [All] A full range of contraceptive drugs, including, but not
331 limited to, [all] a full range of over-the-counter contraceptive drugs,
332 approved by the federal Food and Drug Administration. Such policy
333 may require an insured to use, prior to using a contraceptive drug
334 prescribed to the insured, a contraceptive drug that the federal Food
335 and Drug Administration has designated as therapeutically equivalent
336 to the contraceptive drug prescribed to the insured, unless otherwise
337 determined by the insured's prescribing health care provider.

338 (2) [All] A full range of contraceptive devices and products,
339 excluding all over-the-counter contraceptive devices and products,
340 approved by the federal Food and Drug Administration. Such policy
341 may require an insured to use, prior to using a contraceptive device or
342 product prescribed to the insured, a contraceptive device or product
343 that the federal Food and Drug Administration has designated as
344 therapeutically equivalent to the contraceptive device or product
345 prescribed to the insured, unless otherwise determined by the
346 insured's prescribing health care provider.

347 (3) If a contraceptive drug, device or product described in
348 subdivision (1) or (2) of this subsection is prescribed by a licensed

349 physician, physician assistant or advanced practice registered nurse, a
350 twelve-month supply of such contraceptive drug, device or product
351 dispensed at one time or at multiple times, unless the insured or the
352 insured's prescribing health care provider requests less than a twelve-
353 month supply of such contraceptive drug, device or product. No
354 insured shall be entitled to receive a twelve-month supply of a
355 contraceptive drug, device or product pursuant to this subdivision
356 more than once during any policy year.

357 (4) All sterilization methods approved by the federal Food and Drug
358 Administration for women.

359 (5) Routine follow-up care concerning contraceptive drugs, devices
360 and products approved by the federal Food and Drug Administration.

361 (6) Counseling in (A) contraceptive drugs, devices and products
362 approved by the federal Food and Drug Administration, and (B) the
363 proper use of contraceptive drugs, devices and products approved by
364 the federal Food and Drug Administration.

365 Sec. 507. Subsection (a) of section 38a-530e of the general statutes, as
366 amended by section 12 of substitute house bill 5210 of the current
367 session, as amended by House Amendment Schedule "A", is repealed
368 and the following is substituted in lieu thereof (*Effective January 1,*
369 *2019*):

370 (a) Each group health insurance policy providing coverage of the
371 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
372 469 delivered, issued for delivery, renewed, amended or continued in
373 this state shall provide coverage for the following benefits and
374 services:

375 (1) ~~[All]~~ A full range of contraceptive drugs, including, but not
376 limited to, ~~[all]~~ a full range of over-the-counter contraceptive drugs,
377 approved by the federal Food and Drug Administration. Such policy
378 may require an insured to use, prior to using a contraceptive drug
379 prescribed to the insured, a contraceptive drug that the federal Food

380 and Drug Administration has designated as therapeutically equivalent
381 to the contraceptive drug prescribed to the insured, unless otherwise
382 determined by the insured's prescribing health care provider.

383 (2) [All] A full range of contraceptive devices and products,
384 excluding all over-the-counter contraceptive devices and products,
385 approved by the federal Food and Drug Administration. Such policy
386 may require an insured to use, prior to using a contraceptive device or
387 product prescribed to the insured, a contraceptive device or product
388 that the federal Food and Drug Administration has designated as
389 therapeutically equivalent to the contraceptive device or product
390 prescribed to the insured, unless otherwise determined by the
391 insured's prescribing health care provider.

392 (3) If a contraceptive drug, device or product described in
393 subdivision (1) or (2) of this subsection is prescribed by a licensed
394 physician, physician assistant or advanced practice registered nurse, a
395 twelve-month supply of such contraceptive drug, device or product
396 dispensed at one time or at multiple times, unless the insured or the
397 insured's prescribing health care provider requests less than a twelve-
398 month supply of such contraceptive drug, device or product. No
399 insured shall be entitled to receive a twelve-month supply of a
400 contraceptive drug, device or product pursuant to this subdivision
401 more than once during any policy year.

402 (4) All sterilization methods approved by the federal Food and Drug
403 Administration for women.

404 (5) Routine follow-up care concerning contraceptive drugs, devices
405 and products approved by the federal Food and Drug Administration.

406 (6) Counseling in (A) contraceptive drugs, devices and products
407 approved by the federal Food and Drug Administration, and (B) the
408 proper use of contraceptive drugs, devices and products approved by
409 the federal Food and Drug Administration.

410 Sec. 508. Subdivision (1) of subsection (a) of section 38a-323 of the

411 2018 supplement to the general statutes is repealed and the following
412 is substituted in lieu thereof (*Effective October 1, 2019*):

413 (a) (1) No insurer shall refuse to renew any policy that is subject to
414 the requirements of sections 38a-663 to 38a-696, inclusive, unless such
415 insurer or its agent sends, by registered or certified mail or by mail
416 evidenced by a certificate of mailing, or delivers to the named insured,
417 at the address shown in the policy, or, if agreed between the insurer
418 and the named insured, by electronic means, at least sixty days'
419 advance notice of its intention not to renew. The notice of intent not to
420 renew shall state or be accompanied by a statement specifying the
421 reason for such nonrenewal. This section shall not apply: (A) In case of
422 nonpayment of premium; (B) if the insured fails to pay any advance
423 premium required by the insurer for renewal, provided,
424 notwithstanding the failure of an insurer to comply with this
425 subsection, with respect to automobile liability insurance policies the
426 policy shall terminate on the effective date of any other insurance
427 policy with respect to any automobile designated in both policies; or
428 (C) if the policy is transferred from the insurer to an affiliate of such
429 insurer for another policy with no interruption of coverage and
430 contains the same terms, conditions and provisions, including policy
431 limits, as the transferred policy, except that the insurer to which the
432 policy is transferred shall not be prohibited from applying its rates and
433 rating plans at the time of renewal. With respect to an automobile or
434 homeowners policy, each insurer that sends or delivers a notice of
435 nonrenewal pursuant to this subsection shall use the same method to
436 send or deliver such notice to any third party designated pursuant to
437 section 38a-323a.

438 Sec. 509. Section 38a-323a of the general statutes is repealed and the
439 following is substituted in lieu thereof (*Effective October 1, 2019*):

440 (a) Each insurer that issues, renews, amends or endorses an
441 automobile or homeowners insurance policy in this state on or after
442 October 1, [2017] 2019, shall include with the policy a conspicuous
443 statement specifying that any individual may designate a third party

444 to receive notice of cancellation or nonrenewal of the policy. The
445 statement shall include a designation form, [and] a mailing address
446 and an electronic mail address the individual may use to designate a
447 third party. Such statement shall be in a form approved by the
448 Insurance Commissioner.

449 (b) No designation form shall be effective unless it contains a
450 written acceptance by the third party designee to receive copies of
451 notices of cancellation or nonrenewal from the insurer on behalf of the
452 individual. The third party designation shall be effective not later than
453 ten business days after the date the insurer receives the designation
454 form and the acceptance of the third party. The third party may
455 terminate the status as a third party designee by providing written
456 notice to both the insurer and the insured individual. The individual
457 may terminate the third party designation by providing written notice
458 to the insurer and the third party designee. The insurer may require
459 the individual and the third party to send the notices to the insurer by
460 certified mail, return receipt requested, or, if agreed between the
461 insurer and the individual or the insurer and the third party, by
462 electronic means.

463 (c) The insurer's transmission to the third party designee of a copy
464 of any notice of cancellation or nonrenewal shall be in addition to the
465 transmission of the original document to the insured individual. When
466 a third party is so designated, all such notices and copies shall be
467 mailed in an envelope clearly marked on its face with, or, if agreed
468 between the insurer and the third party, delivered by electronic means
469 stating, the following: "IMPORTANT INSURANCE POLICY
470 INFORMATION: OPEN IMMEDIATELY". The copy of the notice of
471 cancellation or nonrenewal transmitted to the third party shall be
472 governed by the same law and policy provisions that govern the notice
473 being transmitted to the insured individual. The designation of a third
474 party shall not constitute acceptance of any liability on the part of the
475 third party or insurer for services provided to the insured individual.

476 Sec. 510. Subsection (a) of section 38a-343 of the 2018 supplement to

477 the general statutes is repealed and the following is substituted in lieu
478 thereof (*Effective October 1, 2019*):

479 (a) No notice of cancellation of a policy to which section 38a-342
480 applies shall be effective unless [sent,] the notice is delivered or sent by
481 the insurer to the named insured, and any third party designated
482 pursuant to section 38a-323a, by registered [or] mail, certified mail, [or
483 by] mail evidenced by a certificate of mailing [] or, [delivered by the
484 insurer to the named insured, and any third party designated pursuant
485 to section 38a-323a,] if agreed between the insurer and the named
486 insured, by electronic means, at least forty-five days before the
487 effective date of cancellation, except that (1) where cancellation is for
488 nonpayment of the first premium on a new policy, at least fifteen days'
489 notice of cancellation accompanied by the reason for cancellation shall
490 be given, and (2) where cancellation is for nonpayment of any other
491 premium, at least ten days' notice of cancellation accompanied by the
492 reason for cancellation shall be given. No notice of cancellation of a
493 policy that has been in effect for less than sixty days shall be effective
494 unless mailed or delivered by the insurer to the insured and any third
495 party designee at least forty-five days before the effective date of
496 cancellation, except that (A) at least fifteen days' notice shall be given
497 where cancellation is for nonpayment of the first premium on a new
498 policy, and (B) at least ten days' notice shall be given where
499 cancellation is for nonpayment of any other premium or material
500 misrepresentation. The notice of cancellation shall state or be
501 accompanied by a statement specifying the reason for such
502 cancellation. Any notice of cancellation for nonpayment of the first
503 premium on a new policy may be retroactive to the effective date of
504 such policy, provided at least fifteen days' notice has been given to the
505 insured and any third party designee and payment of such premium
506 has not been received during such notice period.

507 Sec. 511. Section 38a-344 of the general statutes is repealed and the
508 following is substituted in lieu thereof (*Effective October 1, 2019*):

509 Proof of mailing by certified mail, return receipt requested, or, if

510 agreed between an insurer and a named insured, delivery by electronic
511 means with proof of a delivery receipt, notice of cancellation, [or of] an
512 intention not to renew or of reasons for cancellation, to the named
513 insured [,] and any third party designated pursuant to section 38a-323a
514 [,] at the address shown in the policy, or by electronic means if agreed
515 between an insurer and a named insured, shall be sufficient proof of
516 notice.

517 Sec. 512. Subparagraph (A) of subdivision (2) of subsection (b) of
518 section 38a-676 of the general statutes is repealed and the following is
519 substituted in lieu thereof (*Effective October 1, 2019*):

520 (2) (A) Each filing described in subsection (a) of this section for
521 professional liability insurance for physicians and surgeons, hospitals,
522 advanced practice registered nurses or physician assistants shall be
523 subject to prior rate approval in accordance with this section. On and
524 after July 13, 2005, each insurer or rating organization seeking to
525 increase its rates over the rates in the insurer's previous filing for such
526 insurance by seven and one-half per cent or more shall (i) file a request
527 for such change with the Insurance Commissioner, and (ii) send
528 written notice of any request for an increase in rates to insureds who
529 would be subject to the increase on such form as the commissioner
530 prescribes by certified mail, return receipt requested, or, if agreed by
531 the insured and the insurer or the insured and the rating organization,
532 by electronic means with proof of a delivery receipt. Such request shall
533 be filed and such notice shall be sent at least sixty days prior to the
534 proposed effective date of the increase. The notice to insureds of a
535 request for an increase in rates shall indicate that the insured may
536 request a public hearing by submitting a written request to the
537 Insurance Commissioner not later than fifteen days after the date
538 notice was sent. Any request for an increase in rates under this
539 subdivision shall be filed after notice is sent to insureds and shall
540 indicate the date such notice was sent. Not later than fifteen days after
541 such notice is sent, the insurer shall submit a list to the commissioner
542 indicating the name of each insured to whom notice was sent and
543 whether a return receipt or a delivery receipt was received for the

544 notice sent to the insured.

545 Sec. 513. Subsection (a) of section 38a-724 of the general statutes is
 546 repealed and the following is substituted in lieu thereof (*Effective*
 547 *October 1, 2019*):

548 (a) The use of an employment contract between a public adjuster
 549 and the insured shall be mandatory.

550 (1) Any such contract signed on or after October 1, [2013] 2019, shall
 551 contain a provision, prominently displayed on the first page of such
 552 contract in not less than twelve-point boldface type, specifying that the
 553 insured may cancel the contract, provided such insured notifies the
 554 public adjuster at such public adjuster's main office or branch office at
 555 the address shown in the contract, by certified mail, return receipt
 556 requested, or, if agreed between the insured and the public adjuster, by
 557 electronic means with proof of a delivery receipt, posted or delivered
 558 not later than midnight of the fourth calendar day after the day on
 559 which the insured signs the contract, except that if the signing is on a
 560 Friday, Saturday or Sunday, the cancellation shall be posted not later
 561 than midnight of the Thursday immediately following, and thereafter
 562 the contract shall be void ab initio.

563 (2) Any such contract signed on or after October 1, [2013] 2019, that
 564 does not display the provision as specified in subdivision (1) of this
 565 subsection shall be void ab initio."

This act shall take effect as follows and shall amend the following sections:		
Sec. 501	<i>from passage</i>	SB 198 (current session), Sec. 1
Sec. 502	<i>January 1, 2019</i>	HB 5210 (current session), Sec. 3
Sec. 503	<i>January 1, 2019</i>	HB 5210 (current session), Sec. 4
Sec. 504	<i>January 1, 2019</i>	HB 5210 (current session), Sec. 5(a)

Sec. 505	<i>January 1, 2019</i>	HB 5210 (current session), Sec. 6(a)
Sec. 506	<i>January 1, 2019</i>	38a-503e(a)
Sec. 507	<i>January 1, 2019</i>	38a-530e(a)
Sec. 508	<i>October 1, 2019</i>	38a-323(a)(1)
Sec. 509	<i>October 1, 2019</i>	38a-323a
Sec. 510	<i>October 1, 2019</i>	38a-343(a)
Sec. 511	<i>October 1, 2019</i>	38a-344
Sec. 512	<i>October 1, 2019</i>	38a-676(b)(2)(A)
Sec. 513	<i>October 1, 2019</i>	38a-724(a)