



General Assembly

**Amendment**

February Session, 2018

LCO No. 5804



Offered by:

REP. SCANLON, 98<sup>th</sup> Dist.

SEN. KELLY, 21<sup>st</sup> Dist.

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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4 amended by Senate Amendment Schedule "A", is repealed and the  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.

566 Sec. 514. Section 1 of substitute senate bill 207 of the current session,  
567 as amended by Senate Amendment Schedule "A", is repealed and the  
568 following is substituted in lieu thereof (*Effective January 1, 2019*):

569 Each insurer, health care center, fraternal benefit society, hospital  
570 service corporation, medical service corporation or other entity that  
571 delivers, issues for delivery, renews, amends or continues an  
572 individual or group health insurance policy in this state that provides  
573 coverage of the type specified in subdivision (1), (2), (4), (10), (11), (12)

574 or (16) of section 38a-469 of the general statutes and includes coverage  
 575 for inpatient or outpatient dental services shall, at least once during the  
 576 term of a contract, [year,] permit a licensed dentist who provides  
 577 covered dental services to an insured to refuse to accept  
 578 reimbursement for such services by way of a virtual credit card. Such  
 579 refusal shall apply to all covered dental services provided by such  
 580 dentist during the term of such contract, [year.] As used in this section,  
 581 "virtual credit card" means a single-use credit card exclusively  
 582 provided in an electronic or digital format."

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)
Sec. 514	<i>January 1, 2019</i>	SB 207 (current session), Sec. 1