



House Bill No. 5521

Public Act No. 19-134

**AN ACT EXPANDING REQUIRED HEALTH INSURANCE
COVERAGE FOR PREEXISTING CONDITIONS.**

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

Section 1. Section 38a-476 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

(a) For the purposes of this section:

(1) "Health insurance plan" means any hospital and medical expense incurred policy, hospital or medical service plan contract and health care center subscriber contract. "Health insurance plan" does not include (A) [short-term health insurance issued on a nonrenewable basis with a duration of six months or less,] accident only, credit, dental, vision, Medicare supplement, long-term care or disability insurance, hospital indemnity coverage, coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical payments insurance, or insurance under which beneficiaries are payable without regard to fault and which is statutorily required to be contained in any liability insurance policy or equivalent self-insurance, or (B) policies of specified disease or limited benefit health insurance, provided the carrier offering such policies files on or before March first of each year

House Bill No. 5521

a certification with the Insurance Commissioner that contains the following: (i) A statement from the carrier certifying that such policies are being offered and marketed as supplemental health insurance and not as a substitute for hospital or medical expense insurance; (ii) a summary description of each such policy including the average annual premium rates, or range of premium rates in cases where premiums vary by age, gender or other factors, charged for such policies in the state; and (iii) in the case of a policy that is described in this subparagraph and that is offered for the first time in this state on or after October 1, 1993, the carrier files with the commissioner the information and statement required in this subparagraph at least thirty days prior to the date such policy is issued or delivered in this state.

(2) "Insurance arrangement" means any "multiple employer welfare arrangement", as defined in Section 3 of the Employee Retirement Income Security Act of 1974, as amended from time to time, except for any such arrangement that is fully insured within the meaning of Section 514(b)(6) of said act, as amended from time to time.

(3) "Preexisting conditions provision" means a policy provision that limits or excludes benefits relating to a condition based on the fact that the condition was present before the effective date of coverage, [for which] whether or not any medical advice, diagnosis, care or treatment was recommended or received before such effective date. [Routine follow-up care to determine whether a breast cancer has reoccurred in a person who has been previously determined to be breast cancer free shall not be considered as medical advice, diagnosis, care or treatment for purposes of this section unless evidence of breast cancer is found during or as a result of such follow-up.] Genetic information shall not be treated as a condition in the absence of a diagnosis of the condition related to such information. Pregnancy shall not be considered a preexisting condition.

(4) "Applicable waiting period" means the period of time imposed

House Bill No. 5521

by the group policyholder or contractholder before an individual is eligible for participating in the group policy or contract.

(b) (1) No group health insurance plan or insurance arrangement shall impose a preexisting conditions provision on any individual.

(2) No individual health insurance plan or insurance arrangement shall impose a preexisting conditions provision on any individual.

(3) No insurance company, fraternal benefit society, hospital service corporation, medical service corporation or health care center shall refuse to issue an individual health insurance plan or insurance arrangement to any individual solely on the basis that such individual has a preexisting condition.

[(c) (1) Notwithstanding the provisions of subsection (a) of this section, a short-term health insurance policy issued on a nonrenewable basis for six months or less that imposes a preexisting conditions provision shall be subject to the following conditions: (A) No such preexisting conditions provision shall exclude coverage beyond twelve months following the insured's effective date of coverage; (B) such preexisting conditions provision may only relate to conditions, whether physical or mental, for which medical advice, diagnosis, care or treatment was recommended or received during the twenty-four months immediately preceding the effective date of coverage; and (C) any policy, application or sales brochure issued for such short-term health insurance policy that imposes such preexisting conditions provision shall disclose in a conspicuous manner in not less than fourteen-point boldface type the following statement:

"THIS POLICY EXCLUDES COVERAGE FOR CONDITIONS FOR WHICH MEDICAL ADVICE, DIAGNOSIS, CARE OR TREATMENT WAS RECOMMENDED OR RECEIVED DURING THE TWENTY-FOUR MONTHS IMMEDIATELY PRECEDING THE EFFECTIVE

House Bill No. 5521

DATE OF COVERAGE."

(2) In the event an insurer or health care center issues two consecutive short-term health insurance policies on a nonrenewable basis for six months or less that impose a preexisting conditions provision to the same individual, the insurer or health care center shall reduce the preexisting conditions exclusion period in the second policy by the period of time such individual was covered under the first policy. If the same insurer or health care center issues a third or subsequent such short-term health insurance policy to the same individual, such insurer or health care center shall reduce the preexisting conditions exclusion period in the third or subsequent policy by the cumulative time covered under the prior policies. Nothing in this section shall be construed to require such short-term health insurance policy to be issued on a guaranteed issue or guaranteed renewable basis.]

Sec. 2. Section 38a-503a of the general statutes is repealed. (*Effective January 1, 2020*)

Sec. 3. Section 38a-530a of the general statutes is repealed. (*Effective January 1, 2020*)

Approved July 1, 2019