
OLR Bill Analysis

HB 6387 (as amended by House "A")*

AN ACT CONCERNING INSURANCE DISCRIMINATION AGAINST LIVING ORGAN DONORS.

SUMMARY

This bill prohibits an insurer issuing, delivering, or amending a life, long-term care, or disability-income protection insurance policy from discriminating against living organ donation by:

1. declining or limiting coverage solely because the insured is a living organ donor,
2. prohibiting the insured from donating an organ as a condition of maintaining coverage, or
3. otherwise discriminating in offering, delivering, issuing, amending, or cancelling a policy by setting prices, conditions, or coverage of the policy solely because the insured is a living organ donor.

The bill makes a violation of its provisions a Connecticut Unfair Insurance Practices Act (CUIPA) violation (see BACKGROUND).

The bill also establishes a chronic kidney disease advisory committee to, among other things, work with policymakers, public health organizations and educational institutions to increase awareness of chronic kidney disease and develop related educational programs. Beginning by January 1, 2022, the committee must annually report its findings and recommendations to the Public Health Committee.

*House Amendment "A" establishes the chronic kidney disease advisory committee.

EFFECTIVE DATE: January 1, 2022, except the chronic kidney

disease advisory committee is effective upon passage.

CHRONIC KIDNEY DISEASE ADVISORY COMMITTEE

Purposes

Under the bill, the advisory committee must:

1. work with policy makers, public health organizations, and educational institutions to (a) increase awareness of the disease in Connecticut and (b) develop educational programs that reduce the burden of kidney disease, include ongoing health and wellness campaigns based on relevant research, promote preventive screenings, and are promoted through social media and public relations campaigns;
2. examine chronic kidney disease, kidney transplantation (including transplantation as a preferred treatment), living and deceased kidney donation, and racial disparities in the rates of afflicted individuals;
3. examine methods to reduce the occurrence of chronic kidney disease by controlling the most common risk factors (i.e., diabetes and hypertension) through early detection and prevention at the community level and primary care disease management;
4. identify barriers to adopting best practices and the policies available to address them;
5. develop an equitable, sustainable, cost-effective plan to raise awareness about the importance of early detection, screening, diagnosis, and treatment of chronic kidney disease and prevention; and
6. examine the potential for an opt-out organ or kidney donor registry.

Membership

Under the bill, the advisory committee consists of at least 21

required members and includes the chairs and ranking members of the Public Health Committee and the public health commissioner, or their designees. The remaining required members are appointed as follows:

1. one appointed by the House speaker who represents the renal provider community;
2. one by the Senate president pro tempore who represents a medical center with a kidney-related program;
3. one each appointed by the House and Senate majority leaders;
4. one each appointed by the House and Senate minority leaders;
5. one appointed by the governor;
6. one each appointed by the chief executive officers of the National Kidney Foundation and the American Kidney Fund;
7. one each appointed by the chairs and ranking members of the Public Health Committee; and
8. three appointed jointly by Public Health Committee chairs, one who represents the kidney physician community, one who represents a nonprofit organ procurement organization, and one who represents the Connecticut kidney patient community.

In addition to the members described above, the Public Health Committee chairs may also appoint other members they deem necessary to represent public health clinics, community health centers minority health organizations, and health insurers.

Under the bill, any of the legislatively appointed members may be General Assembly members. The appointing authorities must make initial appointments by 30 days after the bill's passage and fill any vacancies.

Under the bill, the House speaker and Senate president pro tempore select the advisory committee's chairpersons from among the members. The chairpersons must schedule the first meeting and hold it

by 60 days after the bill's passage.

Administration

The Office of Legislative Management, in consultation with the advisory committee's chairpersons, must select committee's administrative staff.

The bill allows the advisory committee to conduct virtual meetings, at the chairpersons' discretion.

BACKGROUND

Connecticut Unfair Insurance Practices Act

CUIPA prohibits engaging in unfair or deceptive acts or practices in the business of insurance. It authorizes the insurance commissioner to conduct investigations and hearings, issue cease and desist orders, impose fines, revoke or suspend licenses, and order restitution for per se violations (i.e., violations specifically listed in statute). The law also allows the commissioner to ask the attorney general to seek injunctive relief in Superior Court if he believes someone is engaging in other unfair or deceptive acts not specifically defined in statute.

Fines may be up to (1) \$5,000 per violation to a \$50,000 maximum or (2) \$25,000 per violation to a \$250,000 maximum in any six-month period if the violation was knowingly committed. The law also imposes a fine of up to \$50,000, in addition to or in place of a license suspension or revocation, for violating a cease and desist order (CGS § 38a-815 et seq.).

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable

Yea 18 Nay 0 (03/11/2021)