
OLR Bill Analysis

SB 377

AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR NEWBORNS.

SUMMARY

By law, certain health insurance policies that cover family members must cover newborns from birth for a set period before requiring payment to continue the coverage. The newborn's coverage must include injury and sickness benefits, including for the care and treatment of congenital defects and birth abnormalities.

This bill extends the period within which the insured person must (1) notify the health carrier (i.e., insurer, HMO, or hospital or medical service corporation) about the birth and (2) pay any required premium or subscription fee to continue the newborn's coverage beyond that period. Specifically, it extends the period from 61 days after birth to the later of (1) 121 days after birth or (2) the hospital discharge date. As under existing law, the bill specifies that failing to provide the notice and payment within the specified period does not prejudice claims originating during it.

The bill applies to fully insured individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; (4) accidents; or (5) hospital or medical services, including those provided under an HMO plan. It also applies to individual health insurance policies that cover limited benefits. Because of the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

EFFECTIVE DATE: January 1, 2023

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable

Yea 16 Nay 1 (03/22/2022)