



General Assembly

January Session, 2023

Raised Bill No. 1039

LCO No. 4259



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

**AN ACT CONCERNING THE INSURANCE DEPARTMENT'S
RECOMMENDATIONS REGARDING FINANCIAL REGULATION, LIFE
INSURANCE AND INSURANCE LICENSING REQUIREMENTS AND
TECHNICAL CORRECTIONS TO THE LIFE AND HEALTH INSURANCE
STATUTES.**

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

1 Section 1. Section 38a-11 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2023*):

3 (a) The commissioner shall demand and receive the following fees:
4 (1) For the annual fee for each license issued to a domestic insurance
5 company, two hundred dollars; (2) for receiving and filing annual
6 reports of domestic insurance companies, fifty dollars; (3) for filing all
7 documents prerequisite to the issuance of a license to an insurance
8 company, two hundred twenty dollars, except that the fee for such
9 filings by any health care center, as defined in section 38a-175, shall be
10 one thousand three hundred fifty dollars; (4) for filing any additional
11 paper required by law, thirty dollars; (5) for each certificate of valuation,
12 organization, reciprocity or compliance, forty dollars; (6) for each
13 certified copy of a license to a company, forty dollars; (7) for each

14 certified copy of a report or certificate of condition of a company to be
15 filed in any other state, forty dollars; (8) for amending a certificate of
16 authority, two hundred dollars; (9) for each license issued to a rating
17 organization, two hundred dollars. In addition, insurance companies
18 shall pay any fees imposed under section 12-211; (10) a filing fee of fifty
19 dollars for each initial application for a license made pursuant to section
20 38a-769, as amended by this act; (11) with respect to insurance agents'
21 appointments: (A) A filing fee of fifty dollars for each request for any
22 agent appointment, except that no filing fee shall be payable for a
23 request for agent appointment by an insurance company domiciled in a
24 state or foreign country which does not require any filing fee for a
25 request for agent appointment for a Connecticut insurance company; (B)
26 a fee of one hundred dollars for each appointment issued to an agent of
27 a domestic insurance company or for each appointment continued; and
28 (C) a fee of eighty dollars for each appointment issued to an agent of any
29 other insurance company or for each appointment continued, except
30 that (i) no fee shall be payable for an appointment issued to an agent of
31 an insurance company domiciled in a state or foreign country which
32 does not require any fee for an appointment issued to an agent of a
33 Connecticut insurance company, and (ii) the fee shall be twenty dollars
34 for each appointment issued or continued to an agent of an insurance
35 company domiciled in a state or foreign country with a premium tax
36 rate below Connecticut's premium tax rate; (12) with respect to
37 insurance producers: (A) An examination fee of fifteen dollars for each
38 examination taken, except when a testing service is used, the testing
39 service shall pay a fee of fifteen dollars to the commissioner for each
40 examination taken by an applicant; (B) a fee of eighty dollars for each
41 license issued; (C) a fee of eighty dollars per year, or any portion thereof,
42 for each license renewed; and (D) a fee of eighty dollars for any license
43 renewed under the transitional process established in section 38a-784;
44 (13) with respect to public adjusters: (A) An examination fee of fifteen
45 dollars for each examination taken, except when a testing service is
46 used, the testing service shall pay a fee of fifteen dollars to the
47 commissioner for each examination taken by an applicant; and (B) a fee
48 of two hundred fifty dollars for each license issued or renewed; (14) with

49 respect to casualty claims adjusters: (A) An examination fee of twenty
50 dollars for each examination taken, except when a testing service is
51 used, the testing service shall pay a fee of twenty dollars to the
52 commissioner for each examination taken by an applicant; (B) a fee of
53 eighty dollars for each license issued or renewed; and (C) the expense of
54 any examination administered outside the state shall be the
55 responsibility of the entity making the request and such entity shall pay
56 to the commissioner two hundred dollars for such examination and the
57 actual traveling expenses of the examination administrator to
58 administer such examination; (15) with respect to motor vehicle
59 physical damage appraisers: (A) An examination fee of eighty dollars
60 for each examination taken, except when a testing service is used, the
61 testing service shall pay a fee of eighty dollars to the commissioner for
62 each examination taken by an applicant; (B) a fee of eighty dollars for
63 each license issued or renewed; and (C) the expense of any examination
64 administered outside the state shall be the responsibility of the entity
65 making the request and such entity shall pay to the commissioner two
66 hundred dollars for such examination and the actual traveling expenses
67 of the examination administrator to administer such examination; (16)
68 with respect to certified insurance consultants: (A) An examination fee
69 of twenty-six dollars for each examination taken, except when a testing
70 service is used, the testing service shall pay a fee of twenty-six dollars to
71 the commissioner for each examination taken by an applicant; (B) a fee
72 of two hundred fifty dollars for each license issued; and (C) a fee of two
73 hundred fifty dollars for each license renewed; (17) with respect to
74 surplus lines brokers: (A) An examination fee of twenty dollars for each
75 examination taken, except when a testing service is used, the testing
76 service shall pay a fee of twenty dollars to the commissioner for each
77 examination taken by an applicant; and (B) a fee of six hundred twenty-
78 five dollars for each license issued or renewed; (18) with respect to
79 fraternal agents, a fee of eighty dollars for each license issued or
80 renewed; (19) a fee of twenty-six dollars for each license certificate
81 requested, whether or not a license has been issued; (20) with respect to
82 domestic and foreign benefit societies shall pay: (A) For service of
83 process, fifty dollars for each person or insurer to be served; (B) for filing

84 a certified copy of its charter or articles of association, fifteen dollars; (C)
85 for filing an annual statement or report, twenty dollars; and (D) for filing
86 any additional paper required by law, fifteen dollars; (21) with respect
87 to foreign benefit societies: (A) For each certificate of organization or
88 compliance, fifteen dollars; (B) for each certified copy of permit, fifteen
89 dollars; and (C) for each copy of a report or certificate of condition of a
90 society to be filed in any other state, fifteen dollars; (22) with respect to
91 reinsurance intermediaries, a fee of six hundred twenty-five dollars for
92 each license issued or renewed; (23) with respect to life settlement
93 providers: (A) A filing fee of twenty-six dollars for each initial
94 application for a license made pursuant to section 38a-465a; and (B) a
95 fee of forty dollars for each license issued or renewed; (24) with respect
96 to life settlement brokers: (A) A filing fee of twenty-six dollars for each
97 initial application for a license made pursuant to section 38a-465a; and
98 (B) a fee of forty dollars for each license issued or renewed; (25) with
99 respect to preferred provider networks, a fee of two thousand seven
100 hundred fifty dollars for each license issued or renewed; (26) with
101 respect to rental companies, as defined in section 38a-799, a fee of eighty
102 dollars for each permit issued or renewed; (27) with respect to medical
103 discount plan organizations licensed under section 38a-479rr, a fee of six
104 hundred twenty-five dollars for each license issued or renewed; (28)
105 with respect to pharmacy benefits managers, an application fee of one
106 hundred dollars for each registration issued or renewed; (29) with
107 respect to captive insurance companies, as defined in section 38a-91aa,
108 a fee of three hundred seventy-five dollars for each license issued or
109 renewed; (30) with respect to each duplicate license issued a fee of fifty
110 dollars for each license issued; (31) with respect to surety bail bond
111 agents, as defined in section 38a-660, (A) a filing fee of one hundred fifty
112 dollars for each initial application for a license, and (B) a fee of one
113 hundred dollars for each license issued or renewed; (32) with respect to
114 third-party administrators, as defined in section 38a-720, (A) a fee of five
115 hundred dollars for each license issued, and (B) a fee of four hundred
116 fifty dollars for each license renewed; (33) with respect to portable
117 electronics insurance licenses under section 38a-397, (A) a filing fee of
118 one hundred dollars for each initial application for a license, (B) a fee of

119 five hundred dollars for each license issued, and (C) a fee of four
120 hundred fifty dollars for each license renewed; [and] (34) with respect
121 to limited lines travel insurance producer licenses under section 38a-398,
122 (A) a filing fee of one hundred dollars for each initial application for a
123 license, (B) a fee of six hundred fifty dollars for each license issued, and
124 (C) a fee of six hundred fifty dollars for each license renewed; (35) with
125 respect to certified reinsurers, as certified by the commissioner pursuant
126 to section 38a-88-4a of the regulations of Connecticut state agencies, a
127 fee of two thousand dollars for each certificate issued and renewed; and
128 (36) with respect to reciprocal jurisdiction reinsurers, as defined in
129 section 38a-88-4b of the regulations of Connecticut state agencies, a fee
130 of two thousand dollars for each certificate issued and renewed.

131 (b) If any state imposes fees upon domestic fraternal benefit societies
132 greater than are fixed by this section or sections 38a-595 to 38a-626,
133 inclusive, 38a-631 to 38a-640, inclusive, or 38a-800, the commissioner
134 shall collect from each fraternal benefit society incorporated by or
135 organized under the laws of such other state and admitted to transact
136 business in this state, the same fees as are imposed upon similar
137 domestic societies and organizations by such other state. The expense of
138 any examination or inquiry made outside the state shall be borne by the
139 society so examined.

140 (c) Each unauthorized insurer declared to be an eligible surplus lines
141 insurer shall pay to the Insurance Commissioner, on or before May first
142 of each year, an annual fee of one hundred twenty-six dollars in order
143 to remain on the list of eligible surplus lines insurers.

144 (d) For service of process on the commissioner, the commissioner
145 shall demand and receive a fee of fifty dollars for each person or insurer
146 to be served. The commissioner shall also collect, for each hospital or
147 ambulance lien filed, fifty dollars, and for each small claims notice filed,
148 fifteen dollars, each of which shall be paid by the plaintiff at the time of
149 service, the same to be recovered by him as part of the taxable costs if he
150 prevails in the suit.

151 (e) Each insurance company depositing any security with the
152 Treasurer pursuant to section 38a-83 shall pay to the commissioner three
153 hundred fifteen dollars, annually. In case of an examination or appraisal
154 made outside the office of the Treasurer, and in such case the company
155 in whose behalf such examination or appraisal has been made shall pay
156 to the commissioner two hundred dollars for such examination and the
157 actual traveling expenses of the officer making such examination or
158 appraisal.

159 (f) Notwithstanding any provision of the general statutes, the
160 commissioner may require that any person required by any provision
161 of this title to pay a fee to the commissioner pay such fee to the
162 commissioner by electronic means. Such person may submit a request
163 to the commissioner for an exception to the electronic fee requirement.
164 The commissioner shall grant such request for an exception, provided
165 the commissioner determines that (1) compliance with the electronic fee
166 requirement is impractical or reasonably causes such person to suffer
167 undue hardship, or (2) good cause exists to grant such requested
168 exception.

169 Sec. 2. Section 38a-769 of the general statutes is repealed and the
170 following is substituted in lieu thereof (*Effective October 1, 2023*):

171 (a) Any person, partnership, association or corporation that is
172 resident in this state, [or has its principal place of business in this state,]
173 or a nonresident of this state who is not licensed in any other state that
174 offers the type of license sought in this state and maintains a principal
175 place of business in this state, desiring to act within this state as a public
176 adjuster, casualty adjuster, motor vehicle physical damage appraiser,
177 certified insurance consultant, surplus lines broker or desiring to engage
178 in any insurance-related occupation for which a license is deemed
179 necessary by the commissioner, other than an occupation as an
180 insurance producer, shall make a written application to the
181 commissioner for a resident license. Any other person, partnership,
182 association or corporation desiring to so act or to engage in any
183 insurance-related occupation for which a license is deemed necessary

184 by the commissioner, other than an occupation as an insurance
185 producer, shall make a written application to the commissioner for a
186 nonresident license.

187 (b) [No] Except as provided in subsection (c) of this section, no
188 application for a nonresident license shall be granted unless the
189 applicant holds an equivalent license from any other state. Any
190 application for a resident or nonresident license shall be made for each
191 name or designation under which such business shall be conducted, in
192 such form as the commissioner prescribes, stating the line or lines of
193 insurance for which the applicant desires such license and any other
194 business which the applicant desires also to transact. All initial
195 applications shall be accompanied by a nonrefundable filing fee
196 specified in section 38a-11. The commissioner shall cause to be made
197 such inquiry and examination as to the qualifications of each such
198 applicant as the commissioner deems necessary.

199 (c) Any person, partnership, association or corporation residing in a
200 state that does not offer the type of license sought by such person,
201 partnership, association or corporation in this state may make a written
202 application to the commissioner for a nonresident license and designate
203 this state as such person's, association's or corporation's home state.

204 ~~[(b)]~~ (d) Each application for a license shall be signed by: The
205 applicant, if the application is for an individual; a licensed officer, if the
206 application is for a corporation; a licensed partner, if the application is
207 for a partnership; and a licensed principal, if the application is for any
208 other applicant.

209 ~~[(c)]~~ (e) Each applicant for a license shall furnish satisfactory evidence
210 to the commissioner that the applicant is a person of good moral
211 character and that the applicant is financially responsible. In order to
212 determine the trustworthiness and competency of an applicant the
213 commissioner shall subject the applicant to personal written
214 examination as to the applicant's competency to act as a licensee for each
215 line of insurance for which the applicant desires to be licensed. The

216 commissioner may, at the commissioner's discretion, designate an
217 independent testing service to prepare and administer such
218 examination, provided any examination fees charged by such service
219 shall be paid by the applicant. The commissioner shall collect the
220 appropriate examination fee as specified in section 38a-11, as amended
221 by this act, which shall entitle the applicant to take the examination for
222 the license desired, except that when a testing service is used, the testing
223 service shall pay such fee to the commissioner for each examination
224 taken by an applicant. In either case, each such examination shall be as
225 the commissioner prescribes and shall be of sufficient scope to test the
226 applicant's knowledge of insurance, the duties and responsibilities of a
227 licensee and the laws of this state applicable to insurance. The
228 commissioner may require a waiting period not exceeding six months,
229 before reexamining any applicant who has failed to pass any such
230 examination.

231 [(d)] (f) Upon finding that an applicant meets the licensing
232 requirements of this title and is in all respects properly qualified and
233 trustworthy and that the granting of such license is not against the
234 public interest, the commissioner may issue to such applicant the license
235 applied for, in such form as the commissioner may adopt, to act within
236 this state to the extent therein specified.

237 [(e)] (g) The commissioner may adopt regulations, in accordance with
238 chapter 54, concerning the approval of schools offering courses in
239 insurance, the content of such courses and the advertising to the public
240 of the services of these schools.

241 [(f)] (h) To further the enforcement of this section and to determine
242 the eligibility of any licensee, the commissioner may, as often as the
243 commissioner deems necessary, examine the books and records of any
244 such licensee.

245 [(g)] (i) A license may, in the discretion of the commissioner, be
246 renewed or continued upon payment of the appropriate fee as specified
247 in section 38a-11, as amended by this act, without the resubmittal of the

248 detailed information required in the original application.

249 (j) The provisions of subsections (b) to (i), inclusive, of this section
250 shall be applicable to any licensee or applicant for a license, including,
251 but not limited to, such licensee engaged in, or such applicant who seeks
252 to become licensed to engage in, the occupation of insurance producer.

253 Sec. 3. Section 38a-489 of the general statutes is repealed and the
254 following is substituted in lieu thereof (*Effective October 1, 2023*):

255 (a) Each individual health insurance policy providing coverage of
256 the type specified in subdivisions (1), (2), (4), ~~[(6),]~~ (10), (11) and (12) of
257 section 38a-469, delivered, issued for delivery, renewed, amended or
258 continued in this state that provides that coverage of a dependent child
259 shall terminate upon attainment of the limiting age for dependent
260 children specified in the policy shall also provide in substance that
261 attainment of the limiting age shall not operate to terminate the
262 coverage of the child if at such date the child is and continues thereafter
263 to be both (1) incapable of self-sustaining employment by reason of
264 mental or physical handicap, as certified by the child's physician,
265 physician assistant or advanced practice registered nurse on a form
266 provided by the insurer, hospital service corporation, medical service
267 corporation or health care center, and (2) chiefly dependent upon the
268 policyholder or subscriber for support and maintenance.

269 (b) Proof of the incapacity and dependency shall be furnished to the
270 insurer, hospital service corporation, medical service corporation or
271 health care center by the policyholder or subscriber within thirty-one
272 days of the child's attainment of the limiting age. The insurer,
273 corporation or health care center may at any time require proof of the
274 child's continuing incapacity and dependency. After a period of two
275 years has elapsed following the child's attainment of the limiting age the
276 insurer, corporation or health care center may require periodic proof of
277 the child's continuing incapacity and dependency but in no case more
278 frequently than once every year.

279 Sec. 4. Subsection (a) of section 38a-490 of the general statutes is

280 repealed and the following is substituted in lieu thereof (*Effective October*
281 *1, 2023*):

282 (a) Each individual health insurance policy delivered, issued for
283 delivery, renewed, amended or continued in this state providing
284 coverage of the type specified in subdivisions (1), (2), (4), [(6),] (10), (11)
285 and (12) of section 38a-469 for a family member of the insured or
286 subscriber shall, as to such family member's coverage, also provide that
287 the health insurance benefits applicable for children shall be payable
288 with respect to a newly born child of the insured or subscriber from the
289 moment of birth.

290 Sec. 5. Subsection (a) of section 38a-497 of the general statutes is
291 repealed and the following is substituted in lieu thereof (*Effective October*
292 *1, 2023*):

293 (a) Each individual health insurance policy providing coverage of the
294 type specified in subdivisions (1), (2), (4), [(6),] (10), (11) and (12) of
295 section 38a-469 delivered, issued for delivery, amended, renewed or
296 continued in this state shall provide that coverage of a child, stepchild
297 or other dependent child shall terminate not earlier than the policy
298 anniversary date after the date on which the child, stepchild or other
299 dependent child attains the age of twenty-six.

300 Sec. 6. Subsection (a) of section 38a-508 of the general statutes is
301 repealed and the following is substituted in lieu thereof (*Effective October*
302 *1, 2023*):

303 (a) Each individual health insurance policy providing coverage of the
304 type specified in subdivisions (1), (2), (4), [(6),] (10), (11) and (12) of
305 section 38a-469 delivered, issued for delivery, amended, renewed or
306 continued in this state shall provide coverage for a child legally placed
307 for adoption with the insured or subscriber who is an adoptive parent
308 or a prospective adoptive parent, even though the adoption has not been
309 finalized, provided the child lives in the household of such insured or
310 subscriber and the child is dependent upon such person for support and
311 maintenance.

312 Sec. 7. Subsection (a) of section 38a-512b of the general statutes is
313 repealed and the following is substituted in lieu thereof (*Effective October*
314 *1, 2023*):

315 (a) Each group health insurance policy providing coverage of the type
316 specified in subdivisions (1), (2), (4), [(6),] (10), (11) and (12) of section
317 38a-469 delivered, issued for delivery, amended, renewed or continued
318 in this state shall provide that coverage of a child, stepchild or other
319 dependent child shall terminate not earlier than the policy anniversary
320 date after the date on which the child, stepchild or other dependent
321 child attains the age of twenty-six.

322 Sec. 8. Subsection (a) of section 38a-515 of the general statutes is
323 repealed and the following is substituted in lieu thereof (*Effective October*
324 *1, 2023*):

325 (a) Each group health insurance policy providing coverage of the type
326 specified in subdivisions (1), (2), (4), [(6),] (11) and (12) of section 38a-
327 469 delivered, issued for delivery, renewed, amended or continued in
328 this state that provides that coverage of a dependent child of an
329 employee or other member of the covered group shall terminate upon
330 attainment of the limiting age for dependent children specified in the
331 policy shall also provide in substance that attainment of the limiting age
332 shall not operate to terminate the coverage of the child if at such date
333 the child is and continues thereafter to be both (1) incapable of self-
334 sustaining employment by reason of mental or physical handicap, as
335 certified by the child's physician, physician assistant or advanced
336 practice registered nurse on a form provided by the insurer, hospital
337 service corporation, medical service corporation or health care center,
338 and (2) chiefly dependent upon such employee or member for support
339 and maintenance.

340 Sec. 9. Subsection (a) of section 38a-516 of the general statutes is
341 repealed and the following is substituted in lieu thereof (*Effective October*
342 *1, 2023*):

343 (a) Each group health insurance policy delivered, issued for delivery,

344 renewed, amended or continued in this state providing coverage of the
345 type specified in subdivisions (1), (2), (4), [(6),] (11) and (12) of section
346 38a-469 for a family member of the insured or subscriber shall, as to such
347 family member's coverage, also provide that the health insurance
348 benefits applicable for children shall be payable with respect to a newly
349 born child of the insured or subscriber from the moment of birth.

350 Sec. 10. Subsection (a) of section 38a-549 of the general statutes is
351 repealed and the following is substituted in lieu thereof (*Effective October*
352 *1, 2023*):

353 (a) Each group health insurance policy providing coverage of the type
354 specified in subdivisions (1), (2), (4), [(6),] (10), (11) and (12) of section
355 38a-469 delivered, issued for delivery, amended, renewed or continued
356 in this state shall provide coverage for a child legally placed for
357 adoption with an employee or other member of the covered group who
358 is an adoptive parent or a prospective adoptive parent, even though the
359 adoption has not been finalized, provided the child lives in the
360 household of such employee or member and the child is dependent
361 upon such employee or member for support and maintenance.

362 Sec. 11. Section 38a-509 of the general statutes is repealed and the
363 following is substituted in lieu thereof (*Effective October 1, 2023*):

364 (a) Subject to the limitations set forth in subsection (b) of this section
365 and except as provided in subsection (c) of this section, each individual
366 health insurance policy providing coverage of the type specified in
367 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered,
368 issued for delivery, amended, renewed or continued in this state on or
369 after January 1, 2018, shall provide coverage for the medically necessary
370 expenses of the diagnosis and treatment of infertility, including, but not
371 limited to, ovulation induction, intrauterine insemination, in-vitro
372 fertilization, uterine embryo lavage, embryo transfer, gamete intra-
373 fallopian transfer, zygote intra-fallopian transfer and low tubal ovum
374 transfer. For purposes of this section, "infertility" means the condition of
375 an individual who is unable to conceive or produce conception or

376 sustain a successful pregnancy during a one-year period or such
377 treatment is medically necessary.

378 (b) Such policy may:

379 [(1) Limit such coverage to an individual until the date of such
380 individual's fortieth birthday;]

381 [(2)] (1) Limit such coverage for ovulation induction to a lifetime
382 maximum benefit of four cycles;

383 [(3)] (2) Limit such coverage for intrauterine insemination to a
384 lifetime maximum benefit of three cycles;

385 [(4)] (3) Limit lifetime benefits to a maximum of two cycles, with not
386 more than two embryo implantations per cycle, for in-vitro fertilization,
387 gamete intra-fallopian transfer, zygote intra-fallopian transfer or low
388 tubal ovum transfer, provided each such fertilization or transfer shall be
389 credited toward such maximum as one cycle;

390 [(5)] (4) Limit coverage for in-vitro fertilization, gamete intra-
391 fallopian transfer, zygote intra-fallopian transfer and low tubal ovum
392 transfer to those individuals who have been unable to conceive or
393 produce conception or sustain a successful pregnancy through less
394 expensive and medically viable infertility treatment or procedures
395 covered under such policy. Nothing in this subdivision shall be
396 construed to deny the coverage required by this section to any
397 individual who foregoes a particular infertility treatment or procedure
398 if the individual's physician determines that such treatment or
399 procedure is likely to be unsuccessful; and

400 [(6)] (5) Require that covered infertility treatment or procedures be
401 performed at facilities that conform to the standards and guidelines
402 developed by the American Society of Reproductive Medicine or the
403 Society of Reproductive Endocrinology and Infertility. [;]

404 [(7) Limit coverage to individuals who have maintained coverage
405 under such policy for at least twelve months; and

406 (8) Require disclosure by the individual seeking such coverage to
407 such individual's existing health insurance carrier of any previous
408 infertility treatment or procedures for which such individual received
409 coverage under a different health insurance policy. Such disclosure shall
410 be made on a form and in the manner prescribed by the Insurance
411 Commissioner.]

412 (c) (1) Any insurance company, hospital service corporation, medical
413 service corporation or health care center may issue to a religious
414 employer an individual health insurance policy that excludes coverage
415 for methods of diagnosis and treatment of infertility that are contrary to
416 the religious employer's bona fide religious tenets.

417 (2) Upon the written request of an individual who states in writing
418 that methods of diagnosis and treatment of infertility are contrary to
419 such individual's religious or moral beliefs, any insurance company,
420 hospital service corporation, medical service corporation or health care
421 center may issue to or on behalf of the individual a policy or rider
422 thereto that excludes coverage for such methods.

423 (d) Any health insurance policy issued pursuant to subsection (c) of
424 this section shall provide written notice to each insured or prospective
425 insured that methods of diagnosis and treatment of infertility are
426 excluded from coverage pursuant to said subsection. Such notice shall
427 appear, in not less than ten-point type, in the policy, application and
428 sales brochure for such policy.

429 (e) As used in this section, "religious employer" means an employer
430 that is a "qualified church-controlled organization", as defined in 26 USC
431 3121 or a church-affiliated organization.

432 Sec. 12. Section 38a-536 of the general statutes is repealed and the
433 following is substituted in lieu thereof (*Effective October 1, 2023*):

434 (a) Subject to the limitations set forth in subsection (b) of this section
435 and except as provided in subsection (c) of this section, each group
436 health insurance policy providing coverage of the type specified in

437 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered,
438 issued for delivery, amended, renewed or continued in this state on or
439 after January 1, 2018, shall provide coverage for the medically necessary
440 expenses of the diagnosis and treatment of infertility, including, but not
441 limited to, ovulation induction, intrauterine insemination, in-vitro
442 fertilization, uterine embryo lavage, embryo transfer, gamete intra-
443 fallopian transfer, zygote intra-fallopian transfer and low tubal ovum
444 transfer. For purposes of this section, "infertility" means the condition of
445 an individual who is unable to conceive or produce conception or
446 sustain a successful pregnancy during a one-year period or such
447 treatment is medically necessary.

448 (b) Such policy may:

449 [(1) Limit such coverage to an individual until the date of such
450 individual's fortieth birthday;]

451 [(2)] (1) Limit such coverage for ovulation induction to a lifetime
452 maximum benefit of four cycles;

453 [(3)] (2) Limit such coverage for intrauterine insemination to a
454 lifetime maximum benefit of three cycles;

455 [(4)] (3) Limit lifetime benefits to a maximum of two cycles, with not
456 more than two embryo implantations per cycle, for in-vitro fertilization,
457 gamete intra-fallopian transfer, zygote intra-fallopian transfer or low
458 tubal ovum transfer, provided each such fertilization or transfer shall be
459 credited toward such maximum as one cycle;

460 [(5)] (4) Limit coverage for in-vitro fertilization, gamete intra-
461 fallopian transfer, zygote intra-fallopian transfer and low tubal ovum
462 transfer to those individuals who have been unable to conceive or
463 produce conception or sustain a successful pregnancy through less
464 expensive and medically viable infertility treatment or procedures
465 covered under such policy. Nothing in this subdivision shall be
466 construed to deny the coverage required by this section to any
467 individual who foregoes a particular infertility treatment or procedure

468 if the individual's physician determines that such treatment or
469 procedure is likely to be unsuccessful; and

470 [(6)] (5) Require that covered infertility treatment or procedures be
471 performed at facilities that conform to the standards and guidelines
472 developed by the American Society of Reproductive Medicine or the
473 Society of Reproductive Endocrinology and Infertility. [;]

474 [(7) Limit coverage to individuals who have maintained coverage
475 under such policy for at least twelve months; and

476 (8) Require disclosure by the individual seeking such coverage to
477 such individual's existing health insurance carrier of any previous
478 infertility treatment or procedures for which such individual received
479 coverage under a different health insurance policy. Such disclosure shall
480 be made on a form and in the manner prescribed by the Insurance
481 Commissioner.]

482 (c) (1) Any insurance company, hospital service corporation, medical
483 service corporation or health care center may issue to a religious
484 employer a group health insurance policy that excludes coverage for
485 methods of diagnosis and treatment of infertility that are contrary to the
486 religious employer's bona fide religious tenets.

487 (2) Upon the written request of an individual who states in writing
488 that methods of diagnosis and treatment of infertility are contrary to
489 such individual's religious or moral beliefs, any insurance company,
490 hospital service corporation, medical service corporation or health care
491 center may issue to or on behalf of the individual a policy or rider
492 thereto that excludes coverage for such methods.

493 (d) Any health insurance policy issued pursuant to subsection (c) of
494 this section shall provide written notice to each insured or prospective
495 insured that methods of diagnosis and treatment of infertility are
496 excluded from coverage pursuant to said subsection. Such notice shall
497 appear, in not less than ten-point type, in the policy, application and
498 sales brochure for such policy.

499 (e) As used in this section, "religious employer" means an employer
 500 that is a "qualified church-controlled organization", as defined in 26 USC
 501 3121 or a church-affiliated organization.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2023</i>	38a-11
Sec. 2	<i>October 1, 2023</i>	38a-769
Sec. 3	<i>October 1, 2023</i>	38a-489
Sec. 4	<i>October 1, 2023</i>	38a-490(a)
Sec. 5	<i>October 1, 2023</i>	38a-497(a)
Sec. 6	<i>October 1, 2023</i>	38a-508(a)
Sec. 7	<i>October 1, 2023</i>	38a-512b(a)
Sec. 8	<i>October 1, 2023</i>	38a-515(a)
Sec. 9	<i>October 1, 2023</i>	38a-516(a)
Sec. 10	<i>October 1, 2023</i>	38a-549(a)
Sec. 11	<i>October 1, 2023</i>	38a-509
Sec. 12	<i>October 1, 2023</i>	38a-536

Statement of Purpose:

To: (1) Update the financial regulation fee structure for certified reinsurers and reciprocal jurisdiction applications and to allow for the payment of fees electronically; (2) update the insurance licensing requirements; and (3) make technical corrections to the life and health insurance statutes and to conform infertility statutes with federal law.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]