



General Assembly

**Substitute Bill No. 1039**

January Session, 2023



**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 Section 38a-11 of the general statutes is repealed and the  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. [No]

187 (b) Except as provided in subsection (c) of this section, no application  
188 for a nonresident license shall be granted unless the applicant holds an  
189 equivalent license from any other state. Any application for a resident  
190 or nonresident license shall be made for each name or designation under  
191 which such business shall be conducted, in such form as the  
192 commissioner prescribes, stating the line or lines of insurance for which  
193 the applicant desires such license and any other business which the  
194 applicant desires also to transact. All initial applications shall be  
195 accompanied by a nonrefundable filing fee specified in section 38a-11.  
196 The commissioner shall cause to be made such inquiry and examination  
197 as to the qualifications of each such applicant as the commissioner  
198 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 the  
256 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] for the diagnosis and treatment of infertility, including,  
371 but not limited to, ovulation induction, intrauterine insemination, in-  
372 vitro 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 such coverage for lifetime benefits to a maximum of  
386 two cycles, with not more than two embryo implantations per cycle, for  
387 in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-  
388 fallopian transfer or low tubal ovum transfer, provided each such  
389 fertilization or transfer shall be credited toward such maximum as one  
390 cycle;

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

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

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

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

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

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

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

430 (e) As used in this section, "religious employer" means an employer  
431 that is a "qualified church-controlled organization", as defined in 26 USC  
432 3121 or a church-affiliated organization.

433 (f) Except as provided in subsections (c) to (e), inclusive, of this  
434 section, no individual health insurance policy providing coverage of the  
435 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469

436 delivered, issued for delivery, amended, renewed or continued in this  
437 state on or after January 1, 2024, may make any distinction or  
438 discrimination between persons on the basis of gender identity or  
439 expression, sex or age with respect to health insurance coverage for the  
440 medically necessary expenses for the diagnosis and treatment of  
441 infertility, except that such policy may consider age as a factor on the  
442 basis of a determination of medical necessity, using professional  
443 guidelines published by the American Society for Reproductive  
444 Medicine, its successor organization or a comparable organization. For  
445 purposes of this subsection, "gender identity or expression" has the  
446 same meaning as provided in section 1-1n.

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

449 (a) Subject to the limitations set forth in subsection (b) of this section  
450 and except as provided in subsection (c) of this section, each group  
451 health insurance policy providing coverage of the type specified in  
452 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered,  
453 issued for delivery, amended, renewed or continued in this state on or  
454 after January 1, 2018, shall provide coverage for the medically necessary  
455 expenses [of] for the diagnosis and treatment of infertility, including,  
456 but not limited to, ovulation induction, intrauterine insemination, in-  
457 vitro fertilization, uterine embryo lavage, embryo transfer, gamete intra-  
458 fallopian transfer, zygote intra-fallopian transfer and low tubal ovum  
459 transfer. For purposes of this section, "infertility" means the condition of  
460 an individual who is unable to conceive or produce conception or  
461 sustain a successful pregnancy during a one-year period or such  
462 treatment is medically necessary.

463 (b) Such policy may:

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

466 [(2)] (1) Limit such coverage for ovulation induction to a lifetime

467 maximum benefit of four cycles;

468 [(3)] (2) Limit such coverage for intrauterine insemination to a  
469 lifetime maximum benefit of three cycles;

470 [(4)] (3) Limit such coverage for lifetime benefits to a maximum of  
471 two cycles, with not more than two embryo implantations per cycle, for  
472 in-vitro fertilization, gamete intra-fallopian transfer, zygote intra-  
473 fallopian transfer or low tubal ovum transfer, provided each such  
474 fertilization or transfer shall be credited toward such maximum as one  
475 cycle;

476 [(5)] (4) Limit coverage for in-vitro fertilization, gamete intra-  
477 fallopian transfer, zygote intra-fallopian transfer and low tubal ovum  
478 transfer to those individuals who have been unable to conceive or  
479 produce conception or sustain a successful pregnancy through less  
480 expensive and medically viable infertility treatment or procedures  
481 covered under such policy. Nothing in this subdivision shall be  
482 construed to deny the coverage required by this section to any  
483 individual who foregoes a particular infertility treatment or procedure  
484 if the individual's physician determines that such treatment or  
485 procedure is likely to be unsuccessful; and

486 [(6)] (5) Require that covered infertility treatment or procedures be  
487 performed at facilities that conform to the standards and guidelines  
488 developed by the American Society of Reproductive Medicine or the  
489 Society of Reproductive Endocrinology and Infertility. [;]

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

492 (8) Require disclosure by the individual seeking such coverage to  
493 such individual's existing health insurance carrier of any previous  
494 infertility treatment or procedures for which such individual received  
495 coverage under a different health insurance policy. Such disclosure shall  
496 be made on a form and in the manner prescribed by the Insurance  
497 Commissioner.]



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

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

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

515 (e) As used in this section, "religious employer" means an employer  
516 that is a "qualified church-controlled organization", as defined in 26 USC  
517 3121 or a church-affiliated organization.

518 (f) Except as provided in subsections (c) to (e), inclusive, of this  
519 section, no group health insurance policy providing coverage of the type  
520 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
521 delivered, issued for delivery, amended, renewed or continued in this  
522 state on or after January 1, 2024, may make any distinction or  
523 discrimination between persons on the basis of gender identity or  
524 expression, sex or age with respect to health insurance coverage for the  
525 medically necessary expenses for the diagnosis and treatment of  
526 infertility, except that such policy may consider age as a factor on the  
527 basis of a determination of medical necessity, using professional  
528 guidelines published by the American Society for Reproductive  
529 Medicine, its successor organization or a comparable organization. For

530 purposes of this subsection, "gender identity or expression" has the  
531 same meaning as provided in section 1-1n.

This act shall take effect as follows and shall amend the following sections:

Section 1	October 1, 2023	38a-11
Sec. 2	October 1, 2023	38a-769
Sec. 3	October 1, 2023	38a-489
Sec. 4	October 1, 2023	38a-490(a)
Sec. 5	October 1, 2023	38a-497(a)
Sec. 6	October 1, 2023	38a-508(a)
Sec. 7	October 1, 2023	38a-512b(a)
Sec. 8	October 1, 2023	38a-515(a)
Sec. 9	October 1, 2023	38a-516(a)
Sec. 10	October 1, 2023	38a-549(a)
Sec. 11	October 1, 2023	38a-509
Sec. 12	October 1, 2023	38a-536

**Statement of Legislative Commissioners:**

In Section 1(f), "to" before "pay such fee" was deleted for clarity.

**INS** Joint Favorable Subst.