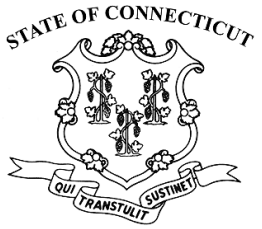

Substitute Senate Bill No. 206

Public Act No. 18-43

AN ACT AUTHORIZING PREGNANCY AS A QUALIFYING EVENT FOR SPECIAL ENROLLMENT PERIODS FOR CERTAIN INDIVIDUALS.

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

Section 1. (NEW) (*Effective January 1, 2019*) No special enrollment period established in the general statutes that permits a person to enroll in a health insurance policy, plan or arrangement because such person has become pregnant shall be available to any person insured under (1) a group hospitalization and medical and surgical insurance plan or plans procured by the Comptroller pursuant to section 5-259 of the general statutes, or (2) a fully insured group health insurance policy sponsored by a municipality.

Sec. 2. Subdivision (2) of subsection (g) of section 38a-481 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2019*):

(2) Each individual health insurance policy subject to the Affordable Care Act shall (A) be offered on a guaranteed issue basis with respect to all eligible individuals or dependents, and (B) provide special enrollment periods to (i) all eligible individuals or dependents as set forth in 45 CFR 147.104, as amended from time to time, and (ii) all

eligible pregnant individuals not more than thirty days after the commencement of the pregnancy, as certified by any licensed health care provider acting within the scope of such health care provider's practice. Coverage under subparagraph (B)(ii) of this subdivision shall be (I) effective on the first of the month in which the individual receives such certification, and (II) limited to eligible individuals who do not have, at a minimum, essential benefits as determined under the Affordable Care Act or the coverage requirements under chapter 700c. Nothing in this subdivision shall be construed to prohibit any person from enrolling in an individual health insurance policy offered or sold through the exchange or not offered or sold through the exchange.

Sec. 3. Subsection (a) of section 38a-183 of the 2018 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2019*):

(a) (1) A health care center governed by sections 38a-175 to 38a-194, inclusive, shall not enter into any agreement with subscribers unless and until it has filed with the commissioner a full schedule of the amounts to be paid by the subscribers and has obtained the commissioner's approval thereof. Such filing shall include an actuarial memorandum that includes, but is not limited to, pricing assumptions and claims experience, and premium rates and loss ratios from the inception of the contract or policy. The commissioner may refuse such approval if the commissioner finds such amounts to be excessive, inadequate or discriminatory. As used in this subsection, "loss ratio" means the ratio of incurred claims to earned premiums by the number of years of policy duration for all combined durations.

(2) Premium rates and special enrollment periods offered to individuals shall be consistent with the requirements set forth in section 38a-481, as amended by this act.

(3) Premium rates offered to small employers, as defined in section

38a-564, shall be consistent with the requirements set forth in section 38a-567.

(4) No such health care center shall enter into any agreement with subscribers unless and until it has filed with the commissioner a copy of such agreement or agreements, including all riders and endorsements thereon, and until the commissioner's approval thereof has been obtained. The commissioner shall, within a reasonable time after the filing of any request for an approval of the amounts to be paid, any agreement or any form, notify the health care center of the commissioner's approval or disapproval thereof.

Sec. 4. Section 38a-208 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2019*):

(a) No such corporation shall enter into any contract with subscribers unless and until it has filed with the Insurance Commissioner a full schedule of the rates to be paid by the subscribers and has obtained said commissioner's approval thereof. Such filing shall include an actuarial memorandum that includes, but is not limited to, pricing assumptions and claims experience, and premium rates and loss ratios from the inception of the contract. The commissioner may refuse such approval if the commissioner finds such rates to be excessive, inadequate or discriminatory. As used in this subsection, "loss ratio" means the ratio of incurred claims to earned premiums by the number of years of policy duration for all combined durations.

(b) Premium rates and special enrollment periods offered to individuals shall be consistent with the requirements set forth in section 38a-481, as amended by this act.

(c) Premium rates offered to small employers, as defined in section 38a-564, shall be consistent with the requirements set forth in section

38a-567.

(d) No hospital service corporation shall enter into any contract with subscribers unless and until it has filed with the Insurance Commissioner a copy of such contract, including all riders and endorsements thereof, and until said commissioner's approval thereof has been obtained. The Insurance Commissioner shall, within a reasonable time after the filing of any such form, notify such corporation of the commissioner's approval or disapproval thereof.

Sec. 5. Section 38a-218 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2019*):

(a) No such medical service corporation shall enter into any contract with subscribers unless and until it has filed with the Insurance Commissioner a full schedule of the rates to be paid by the subscriber and has obtained said commissioner's approval thereof. Such filing shall include an actuarial memorandum that includes, but is not limited to, pricing assumptions and claims experience, and premium rates and loss ratios from the inception of the contract. The commissioner may refuse such approval if the commissioner finds such rates are excessive, inadequate or discriminatory. As used in this subsection, "loss ratio" means the ratio of incurred claims to earned premiums by the number of years of policy duration for all combined durations.

(b) Premium rates and special enrollment periods offered to individuals shall be consistent with the requirements set forth in section 38a-481, as amended by this act.

(c) Premium rates offered to small employers, as defined in section 38a-564, shall be consistent with the requirements set forth in section 38a-567.

(d) No such medical service corporation shall enter into any contract

with subscribers unless and until it has filed with the Insurance Commissioner a copy of such contract, including all riders and endorsements thereof, and until said commissioner's approval thereof has been obtained. The Insurance Commissioner shall, within a reasonable time after the filing of any such form, notify such corporation of the commissioner's approval or disapproval thereof.

Unsigned, Effective June 2, 2018