
OLR Bill Analysis

sSB 1005

AN ACT CONCERNING REQUIRED HEALTH INSURANCE COVERAGE FOR NEWBORN CHILDREN.

SUMMARY

By law, certain health insurance policies that cover family members must cover newborns from birth. The coverage must include injury and sickness benefits, including for the care and treatment of congenital defects and birth abnormalities.

This bill extends, from 61 days after birth to the later of 121 days after the birth or the hospital discharge date, the time period within which the insured person must (1) notify the 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. The bill specifies that if notification and payment is not provided within the specified period, claims originating during that period are not prejudiced.

The bill applies to 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, 2022

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 18 Nay 0 (03/22/2021)