



Senate

General Assembly

File No. 324

January Session, 2021

Substitute Senate Bill No. 1005

Senate, April 7, 2021

The Committee on Insurance and Real Estate reported through SEN. LESSER of the 9th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

***AN ACT CONCERNING REQUIRED HEALTH INSURANCE
COVERAGE FOR NEWBORN CHILDREN.***

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

1 Section 1. Section 38a-490 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective January 1, 2022*):

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

11 (b) Coverage for such newly born child shall consist of coverage for
12 injury and sickness including necessary care and treatment of medically
13 diagnosed congenital defects and birth abnormalities within the limits

14 of the policy.

15 (c) If payment of a specific premium or subscription fee is required to
16 provide coverage for a child, the policy or contract may require that
17 notification of birth of such newly born child and payment of the
18 required premium or fees shall be furnished to the insurer, hospital
19 service corporation, medical service corporation or health care center
20 not later than [sixty-one] one hundred twenty-one days after the date of
21 birth or the date of discharge from the hospital, whichever is later, in
22 order to continue coverage beyond such [sixty-one-day] period,
23 provided failure to furnish such notice or pay such premium or fees
24 shall not prejudice any claim originating within such [sixty-one-day]
25 period.

26 Sec. 2. Section 38a-516 of the general statutes is repealed and the
27 following is substituted in lieu thereof (*Effective January 1, 2022*):

28 (a) Each group health insurance policy delivered, issued for delivery,
29 renewed, amended or continued in this state providing coverage of the
30 type specified in subdivisions (1), (2), (4), (6), (11) and (12) of section 38a-
31 469 for a family member of the insured or subscriber shall, as to such
32 family member's coverage, also provide that the health insurance
33 benefits applicable for children shall be payable with respect to a newly
34 born child of the insured or subscriber from the moment of birth.

35 (b) Coverage for such newly born child shall consist of coverage for
36 injury and sickness including necessary care and treatment of medically
37 diagnosed congenital defects and birth abnormalities within the limits
38 of the policy.

39 (c) If payment of a specific premium fee is required to provide
40 coverage for a child, the policy may require that notification of birth of
41 such newly born child and payment of the required premium or fees
42 shall be furnished to the insurer, hospital service corporation, medical
43 service corporation or health care center not later than [sixty-one] one
44 hundred twenty-one days after the date of birth or the date of discharge
45 from the hospital, whichever is later, in order to continue coverage

46 beyond such [sixty-one-day] period, provided failure to furnish such
47 notice or pay such premium shall not prejudice any claim originating
48 within such [sixty-one-day] period.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2022</i>	38a-490
Sec. 2	<i>January 1, 2022</i>	38a-516

INS *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note**State Impact:** None**Municipal Impact:** None**Explanation**

There is no fiscal impact resulting from the bill, which extends the notification period that insureds must notify insurers regarding the birth of a child, from 61 days to 120 days. The bill specifies that claims during the extended period are not prejudiced if notification or payment of premium is not provided, and therefore there is no anticipated impact to premiums to the state employee health plan, the Exchange, or municipal plans.

The Out Years: None

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)