

General Assembly

January Session, 2021

## Raised Bill No. 843

LCO No. **2689** 

Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by: (INS)

## AN ACT CONCERNING THE REGULATION OF INSURANCE IN THIS STATE.

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

Section 1. Section 38a-495c of the general statutes is repealed and the
 following is substituted in lieu thereof (*Effective July 1, 2021*):

3 (a) Each insurance company, fraternal benefit society, hospital service 4 corporation, medical service corporation, health care center or other 5 entity in this state that delivers, issues for delivery, continues or renews 6 any Medicare supplement insurance policies or certificates shall base 7 the premium rates charged on a community rate. Such rate shall not be 8 based on age, gender, previous claims history or the medical condition 9 of the person covered by such policy or certificate. Except as provided 10 in subsection (c) of this section, coverage shall not be denied on the basis 11 of age, gender, previous claim history or the medical condition of the 12 person covered by such policy or certificate.

(b) Nothing in this section shall prohibit an insurance company,fraternal benefit society, hospital service corporation, medical service

15 corporation, health care center or other entity in this state issuing 16 Medicare supplement insurance policies or certificates from using its 17 usual and customary underwriting procedures, provided no such 18 company, society, corporation, center or other entity shall issue a 19 Medicare supplement policy or certificate based on the age, gender, 20 previous claims history or the medical condition of the applicant.

21 (c) Nothing in this section shall prohibit an insurance company, 22 fraternal benefit society, hospital service corporation, medical service 23 corporation, health care center or other entity in this state when granting 24 coverage under a Medicare supplement policy or certificate from 25 excluding benefits for losses incurred within six months from the 26 effective date of coverage based on a preexisting condition, in 27 accordance with section 38a-495a and the regulations adopted pursuant 28 to section 38a-495a.

29 (d) Each insurance company, fraternal benefit society, hospital 30 service corporation, medical service corporation, health care center or 31 other entity in the state issuing Medicare supplement policies or 32 certificates for plan "A", "B", [or] "C" or "D", or any combination thereof, 33 to persons eligible for Medicare by reason of age, shall offer for sale the 34 same such policies or certificates to persons eligible for Medicare by 35 reason of disability, except no such company, society, corporation, 36 center or other entity issuing any Medicare supplement policy or 37 certificate for plan "C" shall be required to offer for sale such policy or 38 certificate to any person who is a newly eligible Medicare beneficiary, 39 as defined in 42 USC 1395ss(z)(2).

(e) To the extent permissible by federal law, each insurance company,
fraternal benefit society, hospital service corporation, medical service
corporation, health care center or other entity in the state issuing
Medicare supplement policies or certificates for plan "A", "B", [or] "C" or
<u>"D"</u>, or any combination thereof, may deliver or issue for delivery such
policy to a qualified Medicare beneficiary, as defined in 42 USC
1396d(p).

47 (f) Each insurance company, fraternal benefit society, hospital service 48 corporation, medical service corporation, health care center or other 49 entity in the state issuing Medicare supplement policies or certificates 50 shall make all necessary arrangements with the Medicare Part B carrier 51 and all Medicare Part A intermediaries to allow for the forwarding, to 52 the issuing entity, of all Medicare claims containing the name of the 53 entity issuing a Medicare supplement policy or certificate and the 54 identification number of an insured. The entity issuing the Medicare 55 supplement policy or certificate shall process all benefits available to an 56 insured from a Medicare claim so forwarded, without requiring any 57 additional action on the part of the insured.

58 (g) The Insurance Commissioner may adopt regulations, in 59 accordance with chapter 54, to implement this section.

60 Sec. 2. Subsection (a) of section 38a-688a of the general statutes is 61 repealed and the following is substituted in lieu thereof (*Effective June* 62 30, 2021):

63 (a) Notwithstanding the requirements of sections 38a-389 and 38a-64 688 with respect to personal risk insurance with the exception of 65 residual market rates, and on and after July 1, 2006, and until July 1, 66 [2021] 2025, an insurer may file a rate with the Insurance Commissioner 67 pursuant to this section and such rate shall take effect the date it is filed 68 provided the rate provides for an overall state-wide rate increase or 69 decrease of not more than six per cent in the aggregate [and not more 70 than a fifteen per cent increase in any individual territory] for all 71 coverages that are subject to the filing. Such percentage [limits] limit 72 shall not apply on an individual insured basis. Not more than one filing 73 may be made by an insurer pursuant to this section within any twelve-74 month period unless the filing, when combined with one or more filings 75 made by the insurer within the preceding twelve months, does not 76 result in an overall state-wide increase or decrease of more than six per 77 cent in the aggregate [and not more than a fifteen per cent increase in 78 any individual territory] for all coverages that are subject to the filing.

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

Section 1	July 1, 2021	38a-495c
Sec. 2	June 30, 2021	38a-688a(a)

**INS** Joint Favorable