

## HB 4110 A STAFF MEASURE SUMMARY

### Senate Committee On Health Care

---

**Prepared By:** Brian Nieuburt, LPRO Analyst

**Meeting Dates:** 2/25

---

#### **WHAT THE MEASURE DOES:**

Modifies the grace periods for payment of premiums by enrollees for insurers that offer health plans in the individual and group markets. Specifies the grace period for an individual making an initial premium payment must be at least 10 days for a policy not offered as an individual health plan and 30 days for a qualified health plan, unless a longer grace period is provided by federal law. Specifies the grace period cannot be less than 10-15 days in the group market. Directs Department of Consumer and Business Services (DCBS) to create consumer notification requirements through rulemaking. Prohibits an insurer from canceling or refusing to renew a health policy (plan) if prohibited by DCBS in rulemaking in accordance with the specified provisions. Takes effect on the 91st day following adjournment sine die.

*REVENUE: No revenue impact*

*FISCAL: No fiscal impact*

#### **ISSUES DISCUSSED:**

#### **EFFECT OF AMENDMENT:**

No amendment.

#### **BACKGROUND:**

The Affordable Care Act (ACA) provides financial assistance to individuals and families to purchase health coverage through health insurance Marketplaces: premium tax credits to reduce monthly insurance premiums and cost-sharing subsidies to reduce out-of-pocket costs. For individuals who purchase coverage through the individual or group market through the ACA's Health Insurance Marketplace, they often have a specific period of time to make their initial monthly health insurance payment and/or any subsequent premium payments, referred to as the 'grace period' or risk having their coverage terminated, by the insurer for nonpayment of premium(s). For individuals who receive advance premium tax credits (APTCs) and have paid at least one monthly premium in full, the grace period is 90 days; individuals who do not receive APTCs usually have a shorter grace period of 30 days. States can enact different grace periods.

To avoid termination, an individual must pay all outstanding premiums in full prior to the end of the allowable grace period. For individuals who receive APTCs, enroll in a health plan, receive services during the 90-day grace period, but fail to pay their premium payments in full, the enrollee may be responsible for payment for these services, at the end of the grace period. In other words, an insurer is not responsible for paying any claims during the second and third month of the grace period.

House Bill 4110-A modifies the grace period for insurers that offer health plans in the individual and group markets.