

**MINA' TRENTAI DOS NA LIHESLATURAN GUAHAN
2014 (SECOND) Regular Session**

Bill No. 402-32 (COR)

Introduced by:

D.G. RODRIGUEZ, JR. 

AN ACT TO PROVIDE FOR THE COVERAGE OF BLOOD AND BLOOD DERIVATIVES BY HEALTH INSURANCE COMPANY OR HEALTH CARE PROVIDER CONTRACTED TO PROVIDE PRIVATE SECTOR SMALL OR LARGE GROUP HEALTH PLANS, BY ADDING A NEW § 103123 TO CHAPTER 103, TITLE 11, GUAM CODE ANNOTATED.

1 **BE IT ENACTED BY THE PEOPLE OF GUAM:**

2 **Section 1. Legislative Findings and Intent:** *I Liheslaturan Guåhan* finds
3 that the health insurance coverage of blood and blood derivatives is covered by
4 Government of Guam and Federal civil service health plans, but not private sector
5 plans for small and large group plans.

6 *I Liheslaturan Guåhan* takes due notice the necessity of establishing
7 essential health benefits, guaranteed availability, and a prohibition on rescissions

8 It is, therefore, the *intent* of *I Liheslaturan Guåhan* to provide a mandate for
9 this coverage, just as it is mandated pursuant to §4302(i) of Article 3 of Chapter 4,
10 Title 4 Guam Code Annotated, as an essential health benefit for Government of
11 Guam employees, retirees and dependents.

12 **Section 2.** A new § 103123 is hereby added to Chapter 103, Title 11, Guam
13 Code Annotated, to read:

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1 **“Health Insurance Coverage; Blood and Blood Derivatives,**
2 **Mandate Established.**

3 (a) No health insurance company or health care provider contracted
4 to provide health care to employees in a small group or large group plan may
5 deny coverage to the employee or dependent on the basis of blood or blood
6 derivatives. Blood and blood derivatives *shall* be covered and may be
7 subject to maximum limitations per annum.

8 (1) Guaranteed Availability;

9 (i) Prohibition of Preexisting Condition Exclusions or
10 other discrimination based on Health Status. As a condition of
11 conducting health insurance coverage on Guam, a group health
12 plan and a health insurance issuer offering group or individual
13 health insurance coverage *shall* not impose any preexisting
14 condition exclusion with respect to such plan or coverage,
15 pursuant to section 2 (a) of this Act.

16 (ii) Definition, for the purposes of this part. The term
17 “preexisting condition exclusion” means, with respect to
18 coverage, a limitation or exclusion of benefits relating to a
19 condition based on the fact the condition was present before the
20 date of enrollment for such coverage, whether or not any
21 medical advice, diagnosis, care, or treatment was recommended
22 or received before such date.

23 (2) Prohibition on Rescissions. For the purposes of this
24 section, and in conformance with SEC. 2712 [42 U.S.C. 300gg-12]
25 *Prohibition On Rescissions*, a group health plan and a health
26 insurance issuer offering group or individual health insurance

1 coverage shall not rescind such plan or coverage with respect to an
2 enrollee once the enrollee is covered under such plan or coverage
3 involved, except that this section shall not apply to a covered
4 individual who has performed an act or practice that constitutes fraud
5 or makes an intentional misrepresentation of material fact as
6 prohibited by the terms of the plan or coverage. Such plan or
7 coverage may not be cancelled except with prior notice to the
8 enrollee, and only as permitted under Section 2702(c), 2703(b) or
9 2742(b) of the Public Health Service Act.

10 **Section 3. Severability.** If any provision of this Act or its application to
11 any person or circumstance is found to be invalid or contrary to law, such
12 invalidity shall not affect other provisions or applications of this Act which can be
13 given effect without the invalid provisions or application, and to this end the
14 provisions of this Act are severable.

15 **Section 4. Effective Date.** This Act shall become immediately effective
16 upon enactment.