

Pt. 148

(a) of this section, and that the plan sponsor has elected to do so.

(3) A statement identifying which parts of the plan are subject to the election, and each of the requirements of paragraph (a) of this section from which the plan sponsor has elected to be exempted.

(4) If the plan chooses to provide any of the protections of paragraph (a) of this section voluntarily, or is required to under State law, a statement identifying which protections apply.

(h) *Certification and disclosure of creditable coverage.* Notwithstanding an election under this section, a non-Federal governmental plan must provide for certification and disclosure of creditable coverage under the plan with respect to participants and their dependents in accordance with §146.115.

(i) *Effect of failure to comply with election requirements.* (1) Subject to paragraph (i)(2) of this section, a plan's failure to comply with the requirements of paragraphs (f) through (h) of this section invalidates an election made under this section.

(2) Upon a finding by HCFA that a non-Federal governmental plan has failed to comply with the requirements of paragraphs (f) through (h) of this section, and has failed to correct the noncompliance within 30 days (as provided in §150.341(a)(2)), HCFA notifies the plan that its election has been invalidated and that it is subject to the requirements of this part.

(3) A non-Federal governmental plan described in paragraph (i)(2) of this section that fails to comply with the requirements of this part is subject to Federal enforcement by HCFA under part 150 of this subchapter, including appropriate civil money penalties.

(Approved by the Office of Management and Budget under control number 0938-0702.)

[62 FR 16958, Apr. 8, 1997; 62 FR 31694, June 10, 1997, as amended at 62 FR 35906, July 2, 1997; 64 FR 45795, Aug. 20, 1999]

PART 147 [RESERVED]

45 CFR Subtitle A (10-1-99 Edition)

PART 148—REQUIREMENTS FOR THE INDIVIDUAL HEALTH INSURANCE MARKET

Subpart A—General Provisions

Sec.

148.101 Basis and purpose.

148.102 Scope, applicability, and effective dates.

148.103 Definitions.

Subpart B—Requirements Relating to Access and Renewability of Coverage

148.120 Guaranteed availability of individual health insurance coverage to certain individuals with prior group coverage.

148.122 Guaranteed renewability of individual health insurance coverage.

148.124 Certification and disclosure of coverage.

148.126 Determination of an eligible individual.

148.128 State flexibility in individual market reforms—alternative mechanisms.

Subpart C—Requirements Related to Benefits

148.170 Standards relating to benefits for mothers and newborns.

Subpart D—Enforcement; Penalties; Preemption

148.210 Preemption.

148.220 Excepted benefits.

AUTHORITY: Secs. 2741 through 2763, 2791, and 2792 of the Public Health Service Act (42 U.S.C. 300gg-41 through 300gg-63, 300gg-91, and 300gg-92).

SOURCE: 62 FR 16995, Apr. 8, 1997, unless otherwise noted.

Subpart A—General Provisions

§ 148.101 Basis and purpose.

This part implements sections 2741 through 2763 and 2791 and 2792 of the PHS Act. Its purpose is to improve access to individual health insurance coverage for certain eligible individuals who previously had group coverage, and to guarantee the renewability of all coverage in the individual market. It also provides certain protections for mothers and newborns with respect to