



General Assembly

February Session, 2000

Raised Bill No. 5292

LCO No. 1063

Referred to Committee on Public Health

Introduced by:
(PH)

An Act Establishing The Reporting Of Community Benefit Programs By Managed Care Organizations And Hospitals.

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

1 (NEW) (a) On or before January 1, 2001, and annually thereafter,
2 each managed care organization, as defined in section 38a-478 of the
3 general statutes, and each hospital, as defined in section 19a-490 of the
4 general statutes, shall submit to the State Comptroller, or the
5 comptroller's designee, a report on whether the managed care
6 organization or hospital has in place a community benefits program. If
7 a managed care organization or hospital elects to develop a
8 community benefits program, the report required by this subsection
9 shall comply with the reporting requirements of subsection (c) of this
10 section.

11 (b) A managed care organization or hospital may develop
12 community benefit guidelines intended to promote preventive care
13 and to improve the health status for working families and populations
14 at risk, whether or not those individuals are enrollees of the managed
15 care plan or patients of the hospital. The guidelines shall focus on the
16 following principles:

17 (1) Adoption and publication of a community benefits policy
18 statement setting forth the organization's or hospital's commitment to
19 a formal community benefits program;

20 (2) The responsibility for overseeing the development and
21 implementation of the community benefits program, the resources to
22 be allocated and the administrative mechanisms for the regular
23 evaluation of the program;

24 (3) Seeking assistance and meaningful participation from the
25 communities within the organization's or hospital's geographic service
26 areas in developing and implementing the program and in defining
27 the targeted population and the specific health care needs it should
28 address. In doing so, the governing body or management of the
29 organization or hospital shall give priority to the needs outlined in the
30 Department of Public Health's recommendations on public health
31 issues; and

32 (4) Developing its program based upon an assessment of the health
33 care needs and resources of the identified populations, particularly
34 low and middle-income, medically underserved populations and
35 barriers to accessing health care, including, but not limited to, cultural,
36 linguistic and physical barriers to accessible health care, lack of
37 information on available sources of health care coverage and services,
38 and the benefits of preventive health care. The program shall consider
39 the health care needs of a broad spectrum of age groups and health
40 conditions.

41 (c) Each managed care organization and each hospital that chooses
42 to participate in developing a community benefits program shall
43 include in the annual report required by subsection (a) of this section
44 the status of the program, if any, that the organization or hospital
45 established. If the managed care organization or hospital has chosen to
46 participate in a community benefits program, the report shall include
47 the following components: (1) The community benefits policy
48 statement of the managed care organization or hospital; (2) the

49 mechanism by which community participation is solicited and
50 incorporated in the community benefits program; (3) identification of
51 community health needs that were considered in developing and
52 implementing the community benefits program; (4) a narrative
53 description of the community benefits, community services, and
54 preventive health education provided or proposed, which may include
55 measurements related to the number of people served and health
56 status outcomes; (5) measures taken to evaluate the community
57 benefits program results and proposed revisions to the program; (6) to
58 the extent feasible, a community benefits budget and a good faith
59 effort to measure expenditures and administrative costs associated
60 with the community benefits program, including both cash and in-
61 kind commitments; and (7) a summary of the extent to which the
62 managed care organization or hospital has developed and met the
63 guidelines listed in subsection (b) of this section. Each managed care
64 organization and each hospital shall make a copy of the report
65 available, upon request, to any member of the public.

66 (d) The State Comptroller, or the comptroller's designee, shall
67 develop a summary of the community benefits program reports
68 submitted under this section, review the reports for adherence to the
69 guidelines stated in this section and report, on or before October 1,
70 2001, and annually thereafter, to the joint standing committee of the
71 General Assembly having cognizance of matters relating to public
72 health, in accordance with the provisions of section 11-4a of the
73 general statutes, with an analysis of each report submitted by managed
74 care organizations and hospitals pursuant to this section.

Statement of Purpose:

To encourage, but not require, managed care organizations and hospitals to increase their commitment to the overall health of the community and promote preventive care and community benefits, including strategies that improve public health and address the needs of high risk and special needs populations.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]