



General Assembly

Substitute Bill No. 6655

January Session, 2005

* HB06655LAB 042605 *

**AN ACT CONCERNING GROUPS COVERED UNDER THE STATE
EMPLOYEE HEALTH PLAN AND ASSOCIATION GROUP PLANS.**

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

1 Section 1. Subsection (i) of section 5-259 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective from*
3 *passage*):

4 (i) The Comptroller may provide for coverage of employees of
5 municipalities, nonprofit corporations, community action agencies and
6 small employers and individuals eligible for a health coverage tax
7 credit, retired members or members of an association for personal care
8 assistants under the plan or plans procured under subsection (a) of this
9 section, provided: (1) Participation by each municipality, nonprofit
10 corporation, community action agency, or small employer, or
11 eligible individual, retired member or association for personal care
12 assistants shall be on a voluntary basis; (2) where an employee
13 organization represents employees of a municipality, nonprofit
14 corporation, community action agency or small employer,
15 participation in a plan or plans to be procured under subsection (a) of
16 this section shall be by mutual agreement of the municipality,
17 nonprofit corporation, community action agency or small employer
18 and the employee organization only and neither party may submit the
19 issue of participation to binding arbitration except by mutual

20 agreement if such binding arbitration is available; (3) no group of
21 employees shall be refused entry into the plan by reason of past or
22 future health care costs or claim experience; (4) rates paid by the state
23 for its employees under subsection (a) of this section are not adversely
24 affected by this subsection; (5) administrative costs to the plan or plans
25 provided under this subsection shall not be paid by the state; (6)
26 participation in the plan or plans in an amount determined by the state
27 shall be for the duration of the period of the plan or plans, or for such
28 other period as mutually agreed by the municipality, nonprofit
29 corporation, community action agency, small employer, retired
30 member or association for personal care assistants and the
31 Comptroller; and (7) nothing in [public act 03-6 of the June 30 special
32 session*] this section or section 12-202a, as amended by this act, 38a-
33 551, 38a-553 or 38a-556 shall be construed as requiring a participating
34 insurer or health care center to issue individual policies to individuals
35 eligible for a health coverage tax credit. The coverage provided under
36 this section may be referred to as the "Municipal Employee Health
37 Insurance Plan". The Comptroller may arrange and procure for the
38 employees and eligible individuals under this subsection health benefit
39 plans that vary from the plan or plans procured under subsection (a) of
40 this section. Notwithstanding any provision of [law] part V of chapter
41 700c, the coverage provided under this subsection may be offered [to
42 employees] on either a fully underwritten or risk-pooled basis at the
43 discretion of the Comptroller. [, except that coverage offered to small
44 employers shall be fully underwritten in accordance with part V of
45 chapter 700c.] For the purposes of this subsection, (A) "municipality"
46 means any town, city, borough, school district, taxing district, fire
47 district, district department of health, probate district, housing
48 authority, regional work force development board established under
49 section 31-3k, regional emergency telecommunications center, tourism
50 district established under section 32-302, flood commission or
51 authority established by special act, regional planning agency, transit
52 district formed under chapter 103a, or the Children's Center
53 established by number 571 of the public acts of 1969; (B) "nonprofit
54 corporation" means (i) a nonprofit corporation organized under 26

55 USC [501(c)(3)] 501 that has a contract with the state or receives a
56 portion of its funding from a municipality, the state or the federal
57 government, or (ii) an organization that is tax exempt pursuant to 26
58 USC 501(c)(5); (C) "community action agency" means a community
59 action agency, as defined in section 17b-885; (D) "small employer"
60 means a small employer, as defined in subparagraph (A) of
61 subdivision (4) of section 38a-564, as amended by this act; (E) "eligible
62 individuals" or "individuals eligible for a health coverage tax credit"
63 means [persons] individuals who are eligible for the credit for health
64 insurance costs under Section 35 of the Internal Revenue Code of 1986,
65 or any subsequent corresponding internal revenue code of the United
66 States, as from time to time amended, in accordance with the Pension
67 Benefit Guaranty Corporation and Trade Adjustment Assistance
68 programs of the Trade Act of 2002 (P.L. 107-210); [and] (F) "association
69 for personal care assistants" means an organization composed of
70 personal care attendants who are employed by recipients of service (i)
71 under the home-care program for the elderly under section 17b-342, (ii)
72 under the personal care assistance program under section 17b-605a,
73 (iii) in an independent living center pursuant to sections 17b-613 to
74 17b-615, inclusive, or (iv) under the program for individuals with
75 acquired brain injury as described in section 17b-260a; and (G) "retired
76 members" means individuals eligible for a retirement benefit from the
77 Connecticut municipal employees' retirement system.

78 Sec. 2. Section 12-202a of the general statutes is repealed and the
79 following is substituted in lieu thereof (*Effective July 1, 2005, and*
80 *applicable to income years commencing on or after January 1, 2005*):

81 (a) Each health care center, as defined in section 38a-175, that is
82 governed by sections 38a-175 to 38a-192, inclusive, shall pay a tax to
83 the Commissioner of Revenue Services for the calendar year
84 commencing on January 1, 1995, and annually thereafter, at the rate of
85 one and three-quarters per cent of the total net direct subscriber
86 charges received by such health care center during each such calendar
87 year on any new or renewal contract or policy approved by the

88 Insurance Commissioner under section 38a-183. Such payment shall be
89 in addition to any other payment required under section 38a-48.

90 (b) Notwithstanding the provisions of subsection (a) of this section,
91 the tax shall not apply to:

92 (1) Any new or renewal contract or policy entered into with the state
93 on or after July 1, 1997, to provide health care coverage to state
94 employees, retirees and their dependents;

95 (2) [any] Any subscriber charges received from the federal
96 government to provide coverage for Medicare patients;

97 (3) [any] Any subscriber charges received under a contract or policy
98 entered into with the state to provide health care coverage to Medicaid
99 recipients under the Medicaid managed care program established
100 pursuant to section 17b-28, which charges are attributable to a period
101 on or after January 1, 1998;

102 (4) [any] Any new or renewal contract or policy entered into with
103 the state on or after April 1, 1998, to provide health care coverage to
104 eligible beneficiaries under the HUSKY Medicaid Plan Part A, HUSKY
105 Part B, or the HUSKY Plus programs, each as defined in section 17b-
106 290;

107 (5) [any] Any new or renewal contract or policy entered into with
108 the state on or after April 1, 1998, to provide health care coverage to
109 recipients of state-administered general assistance pursuant to section
110 17b-192;

111 (6) [any] Any new or renewal contract or policy entered into with
112 the state on or after February 1, 2000, to provide health care coverage
113 to retired teachers, spouses or surviving spouses covered by plans
114 offered by the state teachers' retirement system;

115 (7) [any] Any new or renewal contract or policy entered into on or
116 after July 1, 2001, to provide health care coverage to employees of a
117 municipality and their dependents under a plan procured pursuant to

118 section 5-259, as amended by this act;

119 (8) [any] Any new or renewal contract or policy entered into on or
120 after July 1, 2001, to provide health care coverage to employees of
121 nonprofit organizations and their dependents under a plan procured
122 pursuant to section 5-259, as amended by this act; [or]

123 (9) [any] Any new or renewal contract or policy entered into on or
124 after July 1, 2003, to provide health care coverage to individuals
125 eligible for a health coverage tax credit and their dependents under a
126 plan procured pursuant to section 5-259, as amended by this act;

127 (10) Any new or renewal contract or policy entered into on or after
128 July 1, 2005, to provide health care coverage to employees of
129 community action agencies and their dependents under a plan
130 procured pursuant to section 5-259, as amended by this act;

131 (11) Any new contract or policy entered into on or after July 1, 2005,
132 to provide health care coverage to employees of a small employer, as
133 defined in subparagraph (A) of subdivision (4) of section 38a-564, as
134 amended by this act, and their dependents under a plan procured
135 pursuant to section 5-259, as amended by this act, or through an
136 association group plan pursuant to part V of chapter 700c, provided
137 (A) such small employer did not maintain health insurance on or
138 before January 1, 2005, and (B) any exemption granted under this
139 subdivision shall be for a period not to exceed two years from the date
140 the new policy was issued; or

141 (12) Any new or renewal contract or policy entered into on or after
142 July 1, 2005, to provide health care coverage to retired members and
143 their dependents under a plan procured pursuant to section 5-259, as
144 amended by this act.

145 (c) The provisions of this chapter pertaining to the filing of returns,
146 declarations, installment payments, assessments and collection of
147 taxes, penalties, administrative hearings and appeals imposed on
148 domestic insurance companies shall apply with respect to the charge

149 imposed under this section.

150 Sec. 3. Subdivision (4) of section 38a-564 of the general statutes is
151 repealed and the following is substituted in lieu thereof (*Effective from*
152 *passage*):

153 (4) (A) "Small employer" means any person, firm, corporation,
154 limited liability company, partnership or association actively engaged
155 in business or self-employed for at least three consecutive months
156 who, on at least fifty per cent of its working days during the preceding
157 twelve months, employed no more than fifty eligible employees, the
158 majority of whom were employed within the state of Connecticut.
159 "Small employer" includes a self-employed individual. In determining
160 the number of eligible employees, companies which are affiliated
161 companies, as defined in section 33-840, or which are eligible to file a
162 combined tax return for purposes of taxation under chapter 208 shall
163 be considered one employer. Eligible employees shall not include
164 employees covered through the employer by health insurance plans or
165 insurance arrangements issued to or in accordance with a trust
166 established pursuant to collective bargaining subject to the federal
167 Labor Management Relations Act. Except as otherwise specifically
168 provided, provisions of sections 12-201, 12-211, 12-212a and 38a-564 to
169 38a-572, inclusive, which apply to a small employer shall continue to
170 apply until the plan anniversary following the date the employer no
171 longer meets the requirements of this definition.

172 (B) "Small employer" does not include [(A)] (i) a municipality
173 procuring health insurance pursuant to section 5-259, as amended by
174 this act, [(B)] (ii) a private school in this state procuring health
175 insurance through a health insurance plan or an insurance
176 arrangement sponsored by an association of such private schools, [(C)]
177 (iii) a nonprofit organization procuring health insurance pursuant to
178 section 5-259, as amended by this act, unless the Secretary of the Office
179 of Policy and Management and the State Comptroller make a request
180 in writing to the Insurance Commissioner that such nonprofit
181 organization be deemed a small employer for the purposes of this

182 chapter, [or (D)] (iv) an association for personal care assistants
183 procuring health insurance pursuant to section 5-259, as amended by
184 this act, (v) a community action agency procuring health insurance
185 pursuant to section 5-259, as amended by this act, or (vi) any group
186 whose coverage is not subject to the provisions of this part pursuant to
187 subdivision (22) of section 38a-567, as amended by this act.

188 Sec. 4. Subdivisions (5) and (6) of section 38a-567 of the general
189 statutes are repealed and the following is substituted in lieu thereof
190 (*Effective from passage*):

191 (5) (A) With respect to plans or arrangements issued on or after July
192 1, 1995, the premium rates charged or offered to small employers shall
193 be established on the basis of a community rate, adjusted to reflect one
194 or more of the following classifications:

195 (i) Age, provided age brackets of less than five years shall not be
196 utilized;

197 (ii) Gender;

198 (iii) Geographic area, provided an area smaller than a county shall
199 not be utilized;

200 (iv) Industry, provided the rate factor associated with any industry
201 classification shall not vary from the arithmetic average of the highest
202 and lowest rate factors associated with all industry classifications by
203 greater than fifteen per cent of such average, and provided further, the
204 rate factors associated with any industry shall not be increased by
205 more than five per cent per year;

206 (v) Group size, provided the highest rate factor associated with
207 group size shall not vary from the lowest rate factor associated with
208 group size by a ratio of greater than 1.25 to 1.0;

209 (vi) Administrative cost savings resulting from the administration of
210 an association group plan or a plan written pursuant to section 5-259
211 provided the savings reflect a reduction to the small employer carrier's

212 overall retention that is measurable and specifically realized on items
213 such as marketing, billing or claims paying functions taken on directly
214 by the plan administrator or association, except that such savings may
215 not reflect a reduction realized on commissions; [and]

216 (vii) Savings resulting from a reduction in the profit of a carrier who
217 writes small business plans or arrangements for an association group
218 plan or a plan written pursuant to section 5-259, as amended by this
219 act, provided any loss in overall revenue due to a reduction in profit is
220 not shifted to other small employers; and

221 [(vii)] (viii) Family composition, provided the small employer
222 carrier shall utilize only one or more of the following billing
223 classifications: (I) Employee; (II) employee plus family; (III) employee
224 and spouse; (IV) employee and child; (V) employee plus one
225 dependent; and (VI) employee plus two or more dependents.

226 (B) The small employer carrier shall quote premium rates to small
227 employers after receipt of all demographic rating classifications of the
228 small employer group. No small employer carrier may inquire
229 regarding health status or claims experience of the small employer or
230 its employees or dependents prior to the quoting of a premium rate.

231 (C) The provisions of subparagraphs (A) and (B) of this subdivision
232 shall apply to plans or arrangements issued on or after July 1, 1995.
233 The provisions of subparagraphs (A) and (B) of this subdivision shall
234 apply to plans or arrangements issued prior to July 1, 1995, as of the
235 date of the first rating period commencing on or after that date, but no
236 later than July 1, 1996.

237 (6) For any small employer plan or arrangement on which the
238 premium rates for employee and dependent coverage or both, vary
239 among employees, such variations shall be based solely on age and
240 other demographic factors permitted under subparagraph (A) of
241 subdivision (5) of this section and such variations may not be based on
242 health status, claim experience, or duration of coverage of specific
243 enrollees. Except as otherwise provided in subdivision (1) of this

244 section, any adjustment in premium rates charged for a small
245 employer plan or arrangement to reflect changes in case characteristics
246 prior to the end of a rating period shall not include any adjustment to
247 reflect the health status, medical history or medical underwriting
248 classification of any new enrollee for whom coverage begins during
249 the rating period.

250 Sec. 5. Section 38a-567 of the general statutes is amended by adding
251 subdivision (22) as follows (*Effective from passage*):

252 (NEW) (22) With respect to coverage offered by the Comptroller
253 pursuant to subsection (i) of section 5-259, as amended by this act, or
254 coverage offered through an association group plan, if, with respect to
255 a specified policy period, the Comptroller or the administrator of the
256 association group plan seeks coverage for three thousand or more
257 individuals from a small employer carrier or other carrier, at the
258 option of the Comptroller or administrator, such coverage shall not be
259 subject to the provisions of this part.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	5-259(i)
Sec. 2	<i>July 1, 2005, and applicable to income years commencing on or after January 1, 2005</i>	12-202a
Sec. 3	<i>from passage</i>	38a-564(4)
Sec. 4	<i>from passage</i>	38a-567(5) and (6)
Sec. 5	<i>from passage</i>	38a-567

INS *Joint Favorable Subst.*

LAB *Joint Favorable*