



General Assembly

February Session, 2006

Amendment

LCO No. 4054

HB0511404054HDO

Offered by:
REP. SAYERS, 60th Dist.

To: House Bill No. 5114

File No. 515

Cal. No. 355

**"AN ACT CONCERNING DEVELOPMENTAL NEEDS OF CHILDREN
AND YOUTH WITH CANCER."**

1 After the last section, add the following and renumber sections and
2 internal references accordingly:

3 "Sec. 501. (NEW) (*Effective from passage*) (a) The Department of
4 Public Health shall, within available appropriations, establish a
5 comprehensive cancer plan for the state of Connecticut. Such plan shall
6 provide for (1) creation of a state-wide smoking cessation program
7 targeting Medicaid recipients, (2) development and implementation of
8 a program to encourage colorectal screenings for state residents, (3)
9 development and implementation of a state-wide clinical trials
10 network, (4) identification of, and the provision of assistance to,
11 organizations that provide services to cancer survivors, and (5)
12 identification of, and the provision of assistance to, organizations that
13 offer educational programs on hospice or palliative care.

14 (b) Not later than August 1, 2006, the Commissioner of Public
15 Health shall adopt regulations in accordance with the provisions of

16 chapter 54 of the general statutes to implement the provisions of
17 subsection (a) of this section.

18 Sec. 502. Section 17b-282b of the general statutes is repealed and the
19 following is substituted in lieu thereof (*Effective from passage*):

20 [(a) Not later than July 1, 2004, and prior to the implementation of a
21 state-wide dental plan that provides for the administration of the
22 dental services portion of the department's medical assistance, the
23 Commissioner of Social Services shall amend the federal waiver
24 approved pursuant to Section 1915(b) of the Social Security Act. Such
25 waiver amendment shall be submitted to the joint standing committees
26 of the General Assembly having cognizance of matters relating to
27 human services and appropriations and the budgets of state agencies
28 in accordance with the provisions of section 17b-8.

29 (b) Prior to the implementation of a state-wide dental plan that
30 provides for the administration of the dental services portion of the
31 department's medical assistance program, the Commissioner of Social
32 Services shall review eliminating prior authorization requirements for
33 basic and routine dental services. In the event the commissioner adopts
34 regulations to eliminate such prior authorization requirements, the
35 commissioner may implement policies and procedures for the
36 purposes of this subsection while in the process of adopting such
37 regulations, provided the commissioner prints notice of intention to
38 adopt the regulations in the Connecticut Law Journal not later than
39 twenty days after implementing the policies and procedures.]

40 (a) The Commissioner of Social Services shall establish a fee
41 schedule, to be effective from October 1, 2006, to July 1, 2009, for dental
42 services provided to children under the age of nineteen who are
43 eligible for medical assistance under section 17b-261. The schedule
44 shall provide for a fee for each dental service, except orthodontic
45 services, that is equal to the seventieth percentile of normal and
46 customary private provider fees, as defined by the National Dental
47 Advisory Service Comprehensive Fee Report. The schedule shall

48 provide for a fee for each orthodontic service, which may be less than
49 the seventieth percentile of normal and customary private provider
50 fees, as defined by the National Dental Advisory Service
51 Comprehensive Fee Report.

52 (b) The Commissioner of Social Services shall evaluate whether the
53 fee schedule established pursuant to subsection (a) of this section
54 results in improved access to oral health care for medical assistance
55 recipients under the age of nineteen, as measured by the increase in the
56 number of providers registered to provide dental services under the
57 medical assistance program described in section 17b-261. The
58 commissioner shall submit a report of the evaluation, along with any
59 recommendations, not later than December 31, 2008, to the joint
60 standing committees of the General Assembly having cognizance of
61 matters relating to human services and public health, in accordance
62 with the provisions of section 11-4a.

63 Sec. 503. Section 17b-296 of the general statutes is repealed and the
64 following is substituted in lieu thereof (*Effective from passage*):

65 (a) Each managed care plan shall include sufficient numbers of
66 appropriately trained and certified clinicians of pediatric care,
67 including primary, medical subspecialty and surgical specialty
68 physicians, as well as providers of necessary related services such as
69 dental services, mental health services, social work services,
70 developmental evaluation services, occupational therapy services,
71 physical therapy services, speech therapy and language services,
72 school-linked clinic services and other public health services to assure
73 enrollees the option of obtaining benefits through such providers.

74 (b) Each managed care organization that on or after October 1, 2001,
75 enters into a contract with the department to provide comprehensive
76 services under the HUSKY Plan, Part A or the HUSKY Plan, Part B, or
77 both, shall have primary responsibility for ensuring that its behavioral
78 health and dental subcontractors adhere to the contract between the
79 department and the managed care organization, including the

80 provision of timely payments to providers and interest payments in
81 accordance with subdivision (15) of section 38a-816, as amended. The
82 managed care organization shall submit to the department a claims
83 aging inventory report including all data on all services paid by
84 subcontractors in accordance with the terms of the contract with the
85 department.

86 (c) Upon the initial contract or the renewal of a contract between a
87 managed care organization and a behavioral health or dental
88 subcontractor, the department shall require that the managed care
89 organizations impose a performance bond, letter of credit, statement of
90 financial reserves or payment withhold for behavioral health and
91 dental subcontractors that provide services under the HUSKY Plan,
92 Part A or the HUSKY Plan, Part B, or both. Any such performance
93 bond, letter of credit, statement of financial reserves or payment
94 withhold that may be required by the department pursuant to a
95 contract with a managed care organization shall be in an amount
96 sufficient to assure the settlement of provider claims in the event that
97 the contract between the managed care organization and the
98 behavioral health or dental subcontractor is terminated. Upon the
99 initial contract or the renewal of a contract between a managed care
100 organization and a behavioral health or dental subcontractor, the
101 managed care organization shall negotiate and enter into a contract
102 termination agreement with its behavioral health and dental
103 subcontractors that shall include, but not be limited to, provisions
104 concerning financial responsibility for the final settlement of provider
105 claims and data reporting to the department. The managed care
106 organization shall submit reports to the department, at such times as
107 the department shall determine, concerning any payments made from
108 such performance bond or any payment withholds, the timeliness of
109 claim payments to providers and the payment of any interest to
110 providers.

111 (d) Prior to the approval by the department of a contract between a
112 managed care organization and a behavioral health and dental
113 subcontractor for services provided under the HUSKY Plan, Part A or

114 the HUSKY Plan, Part B, or both, the managed care organization shall
115 submit a plan to the department for the resolution of any outstanding
116 claims submitted by providers to a previous behavioral health or
117 dental subcontractor of the managed care organization for services
118 provided to members enrolled in the HUSKY Plan, Part A or the
119 HUSKY Plan, Part B, or both. Such plan for the resolution of
120 outstanding claims shall include a claims aging inventory report and
121 shall comply with the terms of the contract between the department
122 and the managed care organization.

123 (e) The Commissioner of Social Services shall establish a fee
124 schedule, to be effective from October 1, 2006, to July 1, 2009, for dental
125 services provided under the HUSKY Plan to children under the age of
126 nineteen. The schedule shall provide for a fee for each dental service,
127 except orthodontic services, that is equal to the seventieth percentile of
128 normal and customary private provider fees, as defined by the
129 National Dental Advisory Service Comprehensive Fee Report. The
130 schedule shall provide for a fee for each orthodontic service, which
131 may be less than the seventieth percentile of normal and customary
132 private provider fees, as defined by the National Dental Advisory
133 Service Comprehensive Fee Report.

134 (f) Beginning on October 1, 2006, each managed care organization or
135 dental subcontractor providing dental services under the HUSKY Plan
136 shall reimburse its dental providers for services provided to children
137 under the age of nineteen in accordance with the fee schedule
138 established pursuant to subsection (e) of this section.

139 (g) The Commissioner of Social Services shall evaluate whether the
140 fee schedule established pursuant to subsection (e) of this section
141 results in improved access to oral health care for enrollees under the
142 age of nineteen, as measured by the increase in the number of
143 providers registered to provide dental services under the HUSKY Plan.
144 The commissioner shall submit a report of the evaluation, along with
145 any recommendations, not later than December 31, 2008, to the joint
146 standing committees of the General Assembly having cognizance of

147 matters relating to human services and public health, in accordance
148 with the provisions of section 11-4a.

149 Sec. 504. (NEW) (*Effective from passage*) Not later than January 1,
150 2007, the Commissioner of Public Health shall appoint a regional oral
151 health coordinator for up to six regions of the state with limited or no
152 oral health programs designed to expand dental services to
153 populations with restricted access to dental care. All regional oral
154 health coordinators shall be dental hygienists licensed to practice
155 under chapter 379a of the general statutes. Regional oral health
156 coordinators shall be responsible for helping parents or legal
157 guardians secure dental care for children residing in such regions who
158 have been identified as needing dental care by medical, dental or
159 school personnel.

160 Sec. 505. (NEW) (*Effective July 1, 2006*) There is established, within
161 the Department of Public Health, an Office of Oral Public Health. The
162 director of the Office of Oral Public Health shall be an experienced
163 public health dentist licensed to practice under chapter 379 of the
164 general statutes and shall:

165 (1) Plan, direct and coordinate all dental public health programs
166 within the state with other local, state and national health programs;

167 (2) Serve as the department's chief advisor on matters involving oral
168 health; and

169 (3) Plan, implement and evaluate all oral health programs within
170 the department."