



General Assembly

January Session, 2007

Committee Bill No. 6693

LCO No. 5581

05581HB06693PH_

Referred to Committee on Public Health

Introduced by:
(PH)

AN ACT ESTABLISHING THE CONNECTICUT SAVES HEALTH CARE PROGRAM.

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

1 Section 1. (NEW) (*Effective from passage*) As used in sections 1 to 12,
2 inclusive, of this act:

3 (1) "Policy" means a health insurance policy as described in section 4
4 of this act.

5 (2) "Commission" means the Connecticut Saves Health Care
6 Commission established under section 2 of this act.

7 (3) "Eligible individual" means an individual who is (A) a resident
8 of the state, and (B) under sixty-five years of age, except that "eligible
9 individual" does not include an individual who has been a resident of
10 the state for less than six consecutive months prior to the date of
11 application for such program.

12 (4) "Program" means the Connecticut Saves Health Care program.

13 Sec. 2. (*Effective from passage*) (a) There is established the Connecticut

14 Saves Health Care Commission to implement and administer the
15 Connecticut Saves Health Care program.

16 (b) The commission shall consist of the following members:

17 (1) Two appointed by the speaker of the House of Representatives;

18 (2) Two appointed by the president pro tempore of the Senate;

19 (3) One appointed by the majority leader of the House of
20 Representatives;

21 (4) One appointed by the majority leader of the Senate;

22 (5) One appointed by the minority leader of the House of
23 Representatives;

24 (6) One appointed by the minority leader of the Senate;

25 (7) One each appointed by the chairpersons of the joint standing
26 committee of the General Assembly having cognizance of matters
27 relating to insurance; and

28 (8) Two appointed by the Governor.

29 (c) Any member of the commission appointed under subdivision
30 (1), (2), (3), (4), (5), (6) or (7) of subsection (b) of this section may be a
31 member of the General Assembly.

32 (d) All appointments to the commission shall be made not later than
33 July 1, 2007. Each member shall serve for a term of three years and no
34 member shall serve for more than two consecutive terms. Any vacancy
35 shall be filled by the appointing authority.

36 (e) The speaker of the House of Representatives and the president
37 pro tempore of the Senate shall select the chairpersons of the
38 commission from among the members of the commission. Such
39 chairpersons shall schedule the first meeting of the commission, which

40 shall be held not later than sixty days after the effective date of this
41 section.

42 (f) Not later than January 1, 2008, and annually thereafter, the
43 commission shall submit a report on its findings and recommendations
44 to the joint standing committees of the General Assembly having
45 cognizance of matters relating to insurance, human services and public
46 health, in accordance with the provisions of section 11-4a of the
47 general statutes. Such report shall address the progress in
48 implementing the program and include any modifications in employer
49 or resident contribution levels or state-funding levels.

50 Sec. 3. (NEW) (*Effective from passage*) (a) There is established the
51 Connecticut Saves Health Care program to provide health insurance
52 policies, as defined in section 38a-469 of the general statutes, to ensure
53 affordable health care for eligible individuals.

54 (b) The commission shall arrange and procure health insurance
55 policies for enrollees in the program. The commission shall negotiate
56 and contract with insurance companies and health care centers
57 authorized to do insurance business in the state, in accordance with the
58 provisions of section 38a-41 of the general statutes, to provide health
59 insurance policies to the program. Such health insurance policies shall
60 be approved by the Insurance Commissioner in accordance with the
61 provisions of title 38a of the general statutes. The commission shall:

62 (1) Determine covered benefits and out-of-pocket cost-sharing to
63 assure affordable access to necessary health care;

64 (2) Survey employer-based health coverage in New England to
65 assist in determining such benefits and cost-sharing;

66 (3) Reimburse health care providers;

67 (4) Credential health care providers for participation in the
68 program;

69 (5) Issue or arrange for the issuance of the same Connecticut Saves
70 card to all enrollees in the program;

71 (6) Improve quality of care through measures that include, but are
72 not limited to:

73 (A) Obtaining and publishing data pertinent to quality of care,

74 (B) Encouraging the development of integrated health care systems,
75 incorporating such procedures as case management, registries,
76 feedback to physicians and team-based approach to patient-centered
77 care, and

78 (C) Preventing and managing of chronic disease;

79 (7) Reduce unnecessary health care spending and control health care
80 cost growth through measures that include, but are not limited to:

81 (A) Administrative simplification;

82 (B) Provider reimbursement policies;

83 (C) Prevention and management of chronic disease;

84 (D) Consumer quality report cards;

85 (E) Error reporting;

86 (F) Strengthening certificate of need procedures; and

87 (G) E-health initiatives;

88 (8) Devise and implement systems for voluntary and automatic
89 enrollment;

90 (9) Establish and implement policies and procedures for interstate
91 coverage issues involving state residents who work or receive health
92 care in other states and residents of other states who work or receive
93 health care in this state;

94 (10) Establish arrangements with the Department of Revenue
95 Services through which employers and state residents have their
96 contributions sent automatically to said department, via payroll
97 withholding or otherwise, which in turn provides those contributions
98 to the Comptroller; and

99 (11) Educate state residents concerning the use of the program, the
100 importance of preventive care and assessments, and communicate
101 general public health messages.

102 (c) The commission may delegate the duties of reimbursing and
103 credentialing health care providers and preventing and managing
104 chronic disease to a third-party administrator.

105 (d) The commission shall educate state residents about the health
106 insurance policies available under the program, by means including,
107 but not limited to, preparation of educational materials; conducting
108 informational sessions or workshops; contracting with nonprofit
109 organizations and community-based organizations for outreach to
110 hard-to-reach populations and training, consulting with and
111 reimbursing licensed health insurance brokers for assistance in
112 educating residents.

113 (e) The commission shall promote the use of information technology
114 by insurance companies and health care centers providing health
115 insurance policies to the program, individuals applying to, enrolled in
116 or seeking information about the program and persons providing
117 information to the program and shall arrange for the provision of
118 technical support, training and assistance to assure the effective use of
119 such information technology. The commission shall require each
120 insurance company and health care center providing health insurance
121 policies to the program to operate an electronic health record system
122 not later than October 1, 2007, certified by the commission, that meets
123 interoperability standards established by the commission, by
124 regulations adopted in accordance with subsection (f) of this section,

125 for such electronic health record systems.

126 (f) The commission shall adopt regulations, in accordance with
127 chapter 54 of the general statutes, to implement and administer the
128 Connecticut Saves Health Care program pursuant to sections 1 to 12,
129 inclusive, of this act.

130 Sec. 4. (NEW) (*Effective from passage*) (a) The commission shall make
131 available to each eligible individual seeking enrollment in the program
132 a health insurance policy, affordable to most state residents, offering
133 the benefits specified in subdivision (2) of subsection (b) of this section.
134 The commission shall survey employer-based health insurance
135 coverage in New England to determine the actuarial value of policy
136 coverage.

137 (b) The policy shall:

138 (1) Have an actuarial value that is not less than the sum of (A) the
139 actuarial value of all coverage, excluding dental coverage, for average
140 New England enrollees in employer-based insurance during the
141 previous year; and (B) the actuarial value of dental coverage for
142 average New England enrollees in employer-based insurance during
143 the previous year; and

144 (2) Offer benefits including, but not limited to, office visits, inpatient
145 and outpatient hospital care, mental and behavioral health care,
146 including substance abuse treatment, prescription drugs, including
147 brand name and generic drugs, maternity care, including prenatal and
148 postpartum care, oral contraceptives, durable medical equipment,
149 speech, physical and occupational therapy, home health care, hospice
150 services and extended care as alternatives to institutionalization;
151 preventive and restorative dental care, basic vision care and, as
152 prescribed by a physician, personalized nutrition and exercise plans
153 and smoking cessation services; examinations, screenings, and
154 immunizations for every adult and child including, but not limited to,
155 well-child and well-baby care, which shall be exempt from out-of-

156 pocket cost-sharing.

157 Sec. 5. (NEW) (*Effective from passage*) (a) The commission shall
158 prospectively adjust payments for each health insurance policy under
159 the program to compensate fully for any differences between the
160 average risk levels of the policy's enrollees and the state's nonelderly
161 population.

162 (b) Within available appropriations, during the first three years of
163 implementation of the program, the commission may subsidize the
164 cost of reinsurance premiums related to the program. The remainder of
165 the cost of such premiums shall be paid from payments made to the
166 program by or on behalf of enrollees.

167 (c) The commission shall establish risk corridors and coinsurance
168 percentages for subsidized reinsurance based on best practices from
169 other states.

170 (d) On or before January 1, 2011, the commission shall submit a
171 report, in accordance with the provisions of section 11-4a of the general
172 statutes, to the joint standing committee of the General Assembly
173 having cognizance of matters relating to insurance and real estate,
174 containing recommendations about future financing for reinsurance. If
175 the General Assembly does not take action to the contrary before the
176 end of the February, 2012 regular session, reinsurance premiums shall,
177 for the third and each subsequent year, be paid entirely by payments
178 made to the program by or on behalf of enrollees.

179 Sec. 6. (NEW) (*Effective from passage*) (a) Any state resident may
180 purchase health insurance coverage under the program at the full cost
181 for such coverage, as determined by the commission, if such resident is
182 sixty-five years of age or older and is employed by, or whose spouse is
183 employed by, an employer that: (1) Offered employer-sponsored
184 insurance on or before October 1, 2006, but no longer offers such
185 insurance, and (2) would have qualified to participate in such
186 employer-sponsored insurance in effect on October 1, 2006.

187 (b) Any employer may purchase either full or partial coverage
188 under the program for a retired employee who is a state resident at the
189 full cost for such coverage, as determined by the Comptroller.

190 Sec. 7. (NEW) (*Effective from passage*) On and after July 1, 2008, any
191 eligible individual, or individual purchasing coverage in the program
192 in accordance with the provisions of section 6 of this act, may apply to
193 the program through the commission or the Department of Social
194 Services.

195 Sec. 8. (NEW) (*Effective from passage*) On and after July 1, 2008, an
196 eligible individual not yet enrolled in the program shall be enrolled by
197 default when any of the following occurs:

198 (1) Such individual's income is reported to the Department of
199 Revenue Services or the Labor Department;

200 (2) A state income tax form is filed on which such individual is
201 listed as a member of the household; or

202 (3) Such individual seeks health care.

203 Sec. 9. (NEW) (*Effective from passage*) (a) The Department of Social
204 Services shall screen each eligible individual, or individual purchasing
205 coverage in the program in accordance with the provisions of section 6
206 of this act, at the time such individual applies for the program for
207 eligibility under Title XIX or Title XXI of the Social Security Act. Such
208 screening shall also determine income for purposes of establishing the
209 amount of premium payments under the program for each such
210 individual. Individuals shall be enrolled in the appropriate state
211 Medicaid program or the HUSKY Plan, unless the individual objects to
212 such enrollment. To the maximum extent feasible, relevant information
213 shall be obtained through state-maintained or state-accessible data and
214 through the self-attestation of individuals.

215 (b) Notwithstanding any provision of the general statutes, the

216 following information shall be made available to the Department of
217 Social Services and the Comptroller for the purposes of determining
218 eligibility under Title XIX or Title XXI of the Social Security Act and for
219 establishing premium payments under the program:

220 (1) Eligibility and enrollment information for individuals enrolled in
221 means tested assistance programs, other than the HUSKY Plan;

222 (2) New hire information and quarterly reports provided to the
223 Labor Department;

224 (3) State income tax information maintained by the Department of
225 Revenue Services;

226 (4) Information showing United States citizenship of individuals,
227 including, but not limited to, information obtained from birth
228 certificates and other vital records; and

229 (5) Federal information about new hires, quarterly earnings, Social
230 Security numbers, immigration status and other data pertinent to
231 income or other components of eligibility for Title XIX or XXI of the
232 Social Security Act.

233 (c) The Comptroller and the Commissioner of Social Services shall
234 enter into agreements with other state agencies providing or receiving
235 information for the program. Such agreements shall require that:

236 (1) Such information be used only to verify or establish income or
237 eligibility for matching funds under Titles XIX or XXI of the Social
238 Security Act; and

239 (2) Each state agency providing information to the program train
240 and monitor all staff and contractors who have access to such
241 information and inform such staff and contractors of all applicable
242 state and federal privacy and data security requirements.

243 (d) Within available appropriations, the Commissioner of Social

244 Services shall develop and operate the information infrastructure
245 required to conduct the screening described in subsection (a) of this
246 section and shall take all feasible steps to maximize the use of federal
247 funds for developing and operating such infrastructure. The
248 commissioner, in consultation with data privacy and security experts,
249 shall develop and implement policies and procedures that maintain
250 data security and prevent inadvertent, improper and unauthorized
251 access to or disclosure, inspection, use or modification of information.

252 (e) Any individual about whom information is provided to the
253 program shall have the right to (1) obtain, at no cost to the individual,
254 a copy of all such information, which shall identify the agency from
255 which the information was obtained, and (2) correct any
256 misinformation or complete any incomplete information. If any breach
257 of an individual's privacy occurs, such individual shall be promptly
258 informed of such breach and of any rights and remedies available to
259 the individual as a result of such breach.

260 Sec. 10. (NEW) (*Effective from passage*) (a) On or before January 1,
261 2008, the Commissioner of Social Services shall submit to the federal
262 Centers for Medicare and Medicaid Services an amendment to the
263 state Medicaid plan required by Title XIX of the Social Security Act to
264 extend coverage to all parents, guardians and caretaker relatives with
265 incomes at or below three hundred per cent of the federal poverty
266 level, as well as to any other individuals with incomes below such
267 level who are nineteen to sixty-four years of age, inclusive, and who
268 may be covered, at state option, through the state plan amendment.

269 (b) If needed to access all federal funds allotted to the state under
270 Title XXI of the Social Security Act, the commissioner shall cover
271 individuals over eighteen years of age, including, but not limited to,
272 pregnant women, whether or not such individuals are eligible for
273 coverage under Title XIX of the Social Security Act.

274 (c) (1) On or before January 1, 2008, the commissioner shall submit

275 an application for a waiver under Section 1115 of the Social Security
276 Act, in accordance with section 17b-8 of the general statutes, to
277 authorize the use of funds received under Title XXI of the Social
278 Security Act for individuals nineteen to sixty-four years of age,
279 inclusive, with incomes at or below one hundred eighty-five per cent
280 of the federal poverty level who do not otherwise qualify under Title
281 XIX of the Social Security Act, either under mandatory eligibility or at
282 state option through state plan amendment. Federal budget neutrality
283 requirements for such waiver may be met through unused
284 uncompensated care payments to hospitals or by taking other
285 measures, provided such measures do not result in any of the
286 following for individuals who would have qualified for coverage
287 under the Medicaid program, the HUSKY Plan or state-administered
288 general assistance:

289 (A) Any reduction in covered services or access to care;

290 (B) Any increase in deductibles, premiums or other out-of-pocket
291 costs; or

292 (C) Any reduction in enforceable, individual guarantees of coverage
293 or services.

294 (2) If federal budget neutrality requirements do not permit
295 extending Title XIX coverage to the individuals described in
296 subdivision (1) of this subsection, such coverage shall extend to such
297 individuals with incomes under the highest possible percentage of
298 federal poverty level less than one hundred eighty-five per cent.

299 Sec. 11. (NEW) (*Effective from passage*) Each enrollee in the program
300 shall pay to the Department of Revenue Services, a contribution by a
301 state income tax surcharge that increases each household's state tax
302 liability by fifty per cent, except:

303 (1) For an individual who would have qualified for Medicaid, the
304 HUSKY Plan or state-administered general assistance under state law

305 in effect on October 1, 2006, the contribution shall not exceed the
306 amount permitted under such law for the applicable program,
307 increased in subsequent years based on changes to median earnings
308 among Connecticut households with incomes at or below three
309 hundred per cent of the federal poverty level, and

310 (2) If an enrollee qualifies for a personal responsibility discount, in
311 an amount to be determined by the commission, such discount shall be
312 applied to the amount of the surcharge owed by the enrollee. Such
313 discount shall be fully refundable to all individuals who qualify,
314 whether or not they otherwise owe state income tax. The amount of the
315 discount shall not be less than the average long-term health care cost
316 savings, discounted to present value, when a state resident avoids
317 obesity and tobacco use for one year. To qualify for a personal
318 responsibility discount, an enrollee shall obtain an annual medical
319 assessment of obesity and tobacco use that determines that (A) with
320 respect to obesity, the enrollee is not obese, or is obese and, consistent
321 with guidelines to be established by the commission, by regulations
322 adopted in accordance with section 3 of this act, is enrolled and
323 participating in a personalized nutrition and exercise program, or (B)
324 with respect to tobacco use, does not use tobacco, or use tobacco and,
325 consistent with guidelines to be established by the commission, by
326 regulations adopted in accordance with section 3 of this act, is enrolled
327 and participating in a smoking cessation program.

328 Sec. 12. (NEW) (*Effective from passage*) (a) Each employer whose
329 payroll exceeds one hundred thousand dollars per quarter for the first
330 year the program is in effect, with such amount adjusted annually
331 thereafter based on changes to average earnings in Connecticut, shall
332 pay to the Comptroller quarterly base contributions in an amount
333 equivalent to eight per cent of its payroll, minus any reductions
334 received under subsection (b) of this section. If an employer's
335 reductions equal or exceed the amount of any quarterly base
336 contribution, neither the employer nor the Comptroller shall be liable
337 for the payment of such quarterly base contribution. For purposes of

338 this section, average earnings in Connecticut shall be determined by
339 the Secretary of the Office of Policy and Management.

340 (b) Each employer that offers a workplace wellness program shall be
341 credited for such program, based on guidelines to be established by
342 the commission, by regulations adopted in accordance with section 3
343 of this act. The amount of such employer's quarterly base contribution
344 shall be reduced by the amount of such credit. Workplace wellness
345 programs include, but are not limited to, on-site exercise facilities,
346 employer payment of gym fees, paid exercise release time and any
347 reasonable unreimbursed costs for outpatient health clinics at the
348 employer's workplace.

349 (c) Employer quarterly base contributions shall be sent to the
350 Department of Revenue Services, which shall forward such payments
351 to the Comptroller.

352 Sec. 13. (NEW) (*Effective from passage*) On or before September 1,
353 2009, the Department of Public Health shall expand the state's network
354 of school-based health clinics so that all public school children in the
355 state have ready access to such clinics. Such school-based health clinics
356 shall be licensed by said department pursuant to chapter 368v of the
357 general statutes and shall provide physical and behavioral health care,
358 including dental care, with appropriate linkages to other services in
359 the state. Such services shall include, but not be limited to, local health
360 departments, community health centers, hospitals, social service
361 providers, mental health and family service agencies, youth service
362 bureaus, pediatricians and other primary care physicians and
363 adolescent medical specialists.

364 Sec. 14. (NEW) (*Effective from passage*) (a) On or before July 1, 2009,
365 the Department of Public Health shall establish sufficient primary care
366 clinics to supplement other primary care resources so that all state
367 residents shall have ready access to necessary primary care. Such
368 primary care clinics shall be licensed by said department pursuant to

369 chapter 368v of the general statutes and provide physical and
370 behavioral health care, including dental care, with appropriate
371 linkages to other services in the state, including, but not limited to,
372 specialty care providers, other primary care providers and pharmacies.
373 Each primary care clinic shall be, or be operated by, a federally
374 qualified health center, a health center determined by the
375 Commissioner of Public Health to be substantially similar to a
376 federally qualified health center or a hospital. Each primary care clinic
377 shall provide a wide range of primary care services and shall remain
378 open outside of normal business hours to provide access to urgent but
379 nonemergency care.

380 (b) Licensed physicians and other health care providers who
381 provide their services for a minimum number of hours to primary care
382 clinics at a reduced rate shall receive incentives that may include, but
383 need not be limited to, reduced cost medical malpractice insurance
384 offered or arranged by the Department of Public Health, loan
385 forgiveness from postsecondary educational institutions that receive
386 funding from the state and partial payment of educational loans.

387 Sec. 15. (NEW) (*Effective from passage*) The Commissioner of Public
388 Health shall adopt regulations, in accordance with chapter 54 of the
389 general statutes, to implement the provisions of sections 13 and 14 of
390 this act and to establish requirements for: (1) Services to be provided
391 by and the hours of operation of primary care clinics; and (2) the
392 provisions of services to primary care clinics by physicians and other
393 health care providers, including the number of hours such services
394 shall be provided.

395 Sec. 16. (NEW) (*Effective from passage*) (a) On or before January 1,
396 2008, and biennially thereafter, the Department of Public Health shall
397 publish Plans For A Healthy Connecticut. The department shall
398 develop each such plan with the assistance of state and local agencies,
399 health care experts and members of the public. Each such plan shall
400 include, but not be limited to, information pertaining to the following:

- 401 (1) Access to essential health care;
- 402 (2) Health care quality;
- 403 (3) Health care costs;
- 404 (4) Data collection and analysis needs;
- 405 (5) Health status and health care disparities, including those based
406 on race, ethnicity, gender, age, sexual orientation, area of residence,
407 health status, diagnosis, immigration status, education, employment,
408 English-language fluency and other relevant factors between different
409 groups of Connecticut residents; and
- 410 (6) Preservation of wellness and prevention of health problems.
- 411 (b) For each item listed in subsection (a) of this section, and for any
412 other items included in the plan, the plan shall include:
- 413 (1) An assessment of the current status of such item in Connecticut;
- 414 (2) An analysis of recent public and private efforts to address such
415 item;
- 416 (3) Recommendations for future public and private actions to
417 address such item; and
- 418 (4) A statement of measurable goals and objectives, with defined
419 time frames, that reasonably can be achieved given sufficient public
420 and private sector commitment and resources.

421 Sec. 17. (*Effective from passage*) (a) There is established a Blue Ribbon
422 Commission to study the Connecticut Saves Health Care program.
423 Such study shall include, but not be limited to, an examination of the
424 effect of such program on the cost of providing medical care in the
425 state and the accessibility to medical care for residents of the state.
426 Such commission shall develop recommendations for applying aspects
427 of the program to the state residents who are served by the Medicare

428 program.

429 (b) The commission shall consist of the following members:

430 (1) One each to be appointed by the Governor, the speaker of the
431 House of Representatives, the president pro tempore of the Senate, the
432 majority leader of the House of Representatives, the majority leader of the
433 Senate, the minority leader of the House of Representatives and the
434 minority leader of the Senate;

435 (2) The Commissioner of Social Services, or said commissioner's
436 designee; and

437 (3) The Comptroller, or said Comptroller's designee.

438 (c) Any member of the commission appointed under subdivision (1)
439 of subsection (b) of this section may be a member of the General
440 Assembly.

441 (d) All appointments to commission shall be made no later than
442 thirty days after the effective date of this section. Any vacancy shall be
443 filled by the appointing authority.

444 (e) The member appointed by the Governor shall be the chairperson
445 of the commission. The chairperson shall schedule the first meeting of
446 the commission, which shall be held no later than sixty days after the
447 effective date of this section.

448 (f) The administrative staff of the joint standing committee of the
449 General Assembly having cognizance of matters relating to insurance
450 shall serve as administrative staff of the commission.

451 (g) Not later than January 30, 2008, the commission shall submit a
452 report on its findings and recommendations to the joint standing
453 committees of the General Assembly having cognizance of matters
454 relating to human services and public health, in accordance with the
455 provisions of section 11-4a of the general statutes. The commission

456 shall terminate on the date that it submits such report or January 30,
457 2008, whichever is later.

458 Sec. 18. (*Effective July 1, 2007*) The sum of ____ dollars is
459 appropriated to the Connecticut Saves Health Care Commission, from
460 the General Fund, for the fiscal year ending June 30, 2008, for
461 implementation of the Connecticut Saves Health Care program,
462 established under section 3 of this act.

463 Sec. 19. (*Effective July 1, 2007*) The sum of ____ dollars is
464 appropriated to the Connecticut Saves Health Care Commission, from
465 the General Fund, for the fiscal year ending June 30, 2008, for the
466 purpose of lowering, by not less than ten per cent, the cost to
467 employers of having employees and dependents receive health
468 insurance coverage through the Connecticut Saves Health Care
469 program, established under section 3 of this act.

470 Sec. 20. (*Effective July 1, 2007*) The sum of ____ dollars is
471 appropriated to the Connecticut Saves Health Care Commission, from
472 the General Fund, for the fiscal year ending June 30, 2008, for payment
473 of reinsurance premiums for the Connecticut Saves Health Care
474 program, established under section 3 of this act.

475 Sec. 21. (*Effective July 1, 2007*) The sum of ____ dollars is
476 appropriated to the Department of Social Services, from the General
477 Fund, for the fiscal year ending June 30, 2008, to develop and operate
478 the information technology infrastructure required under section 9 of
479 this act.

480 Sec. 22. (*Effective July 1, 2007*) The sum of ____ dollars is
481 appropriated to the Department of Public Health, from the General
482 Fund, for the fiscal year ending June 30, 2008, for the purpose of
483 expanding the state's network of school-based health clinics, in
484 accordance with section 13 of this act.

485 Sec. 23. (*Effective July 1, 2007*) The sum of ____ dollars is

486 appropriated to the Department of Public Health, from the General
 487 Fund, for the fiscal year ending June 30, 2008, for the purpose of
 488 establishing primary care clinics, in accordance with section 14 of this
 489 act.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>from passage</i>	New section
Sec. 5	<i>from passage</i>	New section
Sec. 6	<i>from passage</i>	New section
Sec. 7	<i>from passage</i>	New section
Sec. 8	<i>from passage</i>	New section
Sec. 9	<i>from passage</i>	New section
Sec. 10	<i>from passage</i>	New section
Sec. 11	<i>from passage</i>	New section
Sec. 12	<i>from passage</i>	New section
Sec. 13	<i>from passage</i>	New section
Sec. 14	<i>from passage</i>	New section
Sec. 15	<i>from passage</i>	New section
Sec. 16	<i>from passage</i>	New section
Sec. 17	<i>from passage</i>	New section
Sec. 18	<i>July 1, 2007</i>	New section
Sec. 19	<i>July 1, 2007</i>	New section
Sec. 20	<i>July 1, 2007</i>	New section
Sec. 21	<i>July 1, 2007</i>	New section
Sec. 22	<i>July 1, 2007</i>	New section
Sec. 23	<i>July 1, 2007</i>	New section

Statement of Purpose:

To establish the Connecticut Saves Health Care program, thus ensuring that Connecticut residents have adequate and affordable health care.

[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.]

Co-Sponsors: REP. OLSON, 46th Dist.; REP. RITTER, 38th Dist.
REP. O'BRIEN, 24th Dist.; REP. LEWIS, 8th Dist.
REP. NARDELLO, 89th Dist.; REP. WILLIS, 64th Dist.
REP. ZALASKI, 81st Dist.; REP. ARESIMOWICZ, 30th Dist.
REP. RYAN, 139th Dist.; REP. FONTANA, 87th Dist.
REP. PERONE, 137th Dist.; REP. FLEISCHMANN, 18th Dist.
REP. TERCYAK, 26th Dist.; REP. PAWELKIEWICZ, 49th Dist.
REP. GERAGOSIAN, 25th Dist.; REP. MCCLUSKEY, 20th Dist.
REP. MERRILL, 54th Dist.; REP. NAFIS, 27th Dist.
REP. ORANGE, 48th Dist.; REP. URBAN, 43rd Dist.
REP. MALONE, 47th Dist.; REP. TALLARITA, 58th Dist.
REP. GODFREY, 110th Dist.; REP. THOMPSON, 13th Dist.
REP. O'ROURKE, 32nd Dist.; REP. GONZALEZ, 3rd Dist.
REP. LAWLOR, 99th Dist.; REP. WALKER, 93rd Dist.
REP. MEGNA, 97th Dist.; REP. MUSHINSKY, 85th Dist.
REP. GENGA, 10th Dist.; REP. BYE, 19th Dist.
REP. KEHOE, 31st Dist.; REP. VILLANO, 91st Dist.
REP. CANDELARIA, 95th Dist.; REP. REINOSO, 130th Dist.
REP. WRIGHT, 41st Dist.; REP. ABERCROMBIE, 83rd Dist.
REP. HENNESSY, 127th Dist.; REP. MCMAHON, 15th Dist.
REP. ALDARONDO, 75th Dist.; REP. HEWETT, 39th Dist.
REP. CLEMONS, 124th Dist.; REP. AYALA, 128th Dist.
REP. CARUSO, 126th Dist.; REP. HAMM, 34th Dist.
REP. MORIN, 28th Dist.; REP. SERRA, 33rd Dist.
REP. TABORSAK, 109th Dist.; SEN. DEFRONZO, 6th Dist.
REP. ROLDAN, 4th Dist.; REP. FRITZ, 90th Dist.

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