



General Assembly

February Session, 2010

Raised Bill No. 67

LCO No. 642

00642_____HS_

Referred to Committee on Human Services

Introduced by:
(HS)

AN ACT CONCERNING ANNUAL BENEFITS AVAILABLE UNDER THE CHARTER OAK HEALTH PLAN.

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

1 Section 1. Section 17b-311 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2010*):

3 (a) There is established the Charter Oak Health Plan for the purpose
4 of providing access to health insurance coverage for state residents
5 who have been uninsured for at least six months and who are
6 ineligible for other publicly funded health insurance plans. The
7 Commissioner of Social Services may enter into contracts for the
8 provision of comprehensive health care for such uninsured state
9 residents. The commissioner shall conduct outreach to facilitate
10 enrollment in the plan.

11 (b) The commissioner shall impose cost-sharing requirements in
12 connection with services provided under the Charter Oak Health Plan.
13 Such requirements may include, but not be limited to: (1) A monthly
14 premium; (2) an annual deductible not to exceed one thousand dollars;
15 (3) a coinsurance payment not to exceed twenty per cent after the

16 deductible amount is met; (4) tiered copayments for prescription drugs
17 determined by whether the drug is generic or brand name, formulary
18 or nonformulary and whether purchased through mail order; (5) no fee
19 for emergency visits to hospital emergency rooms; (6) a copayment not
20 to exceed one hundred fifty dollars for nonemergency visits to hospital
21 emergency rooms; and (7) a lifetime benefit not to exceed one million
22 dollars.

23 (c) The Commissioner of Social Services shall provide premium
24 assistance to eligible state residents whose gross annual income does
25 not exceed three hundred per cent of the federal poverty level. Such
26 premium assistance shall be limited to: (1) One hundred seventy-five
27 dollars per month for individuals whose gross annual income is below
28 one hundred fifty per cent of the federal poverty level; (2) one hundred
29 fifty dollars per month for individuals whose gross annual income is at
30 or above one hundred fifty per cent of the federal poverty level but not
31 more than one hundred eighty-five per cent of the federal poverty
32 level; (3) seventy-five dollars per month for individuals whose gross
33 annual income is above one hundred eighty-five per cent of the federal
34 poverty level but not more than two hundred thirty-five per cent of the
35 federal poverty level; and (4) fifty dollars per month for individuals
36 whose gross annual income is above two hundred thirty-five per cent
37 of the federal poverty level but not more than three hundred per cent
38 of the federal poverty level. Individuals insured under the Charter Oak
39 Health Plan shall pay their share of payment for coverage in the plan
40 directly to the insurer.

41 (d) The Commissioner of Social Services shall determine minimum
42 requirements on the amount, duration and scope of benefits under the
43 Charter Oak Health Plan, except that [there] (1): There shall be no
44 preexisting condition exclusion; and (2) a plan participant who has not
45 exceeded the lifetime benefit shall not be denied coverage for medical
46 treatment that the commissioner determines, based on available
47 medical evidence, to be medically necessary. Each participating insurer
48 shall provide an internal grievance process by which an insured may

49 request and be provided a review of a denial of coverage under the
50 plan.

51 (e) The Commissioner of Social Services may contract with the
52 following entities for the purposes of this section: (1) A health care
53 center subject to the provisions of chapter 698a; (2) a consortium of
54 federally qualified health centers and other community-based
55 providers of health services which are funded by the state; or (3) other
56 consortia of providers of health care services established for the
57 purposes of this section. Providers of comprehensive health care
58 services as described in subdivisions (2) and (3) of this subsection shall
59 not be subject to the provisions of chapter 698a. Any such provider
60 shall be certified by the commissioner to participate in the Charter Oak
61 Health Plan in accordance with criteria established by the
62 commissioner, including, but not limited to, minimum reserve fund
63 requirements.

64 (f) The Commissioner of Social Services shall seek proposals from
65 entities described in subsection (e) of this section based on the cost
66 sharing and benefits described in subsections (b) and (c) of this section.
67 The commissioner may approve an alternative plan in order to make
68 coverage options available to those eligible to be insured under the
69 plan.

70 (g) The Commissioner of Social Services, pursuant to section 17b-10,
71 may implement policies and procedures to administer the provisions
72 of this section while in the process of adopting such policies and
73 procedures as regulation, provided the commissioner prints notice of
74 the intent to adopt the regulation in the Connecticut Law Journal not
75 later than twenty days after the date of implementation. Such policies
76 shall be valid until the time final regulations are adopted and may
77 include: (1) Exceptions to the requirement that a resident be uninsured
78 for at least six months to be eligible for the Charter Oak Health Plan;
79 and (2) requirements for open enrollment and limitations on the ability
80 of enrollees to change plans between such open enrollment periods.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>July 1, 2010</i>	17b-311
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Statement of Purpose:

To permit participants in the Charter Oak Health Plan to exceed established annual benefit limits to obtain coverage for treatment that is medically necessary.

[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.]