



General Assembly

February Session, 2012

Raised Bill No. 5450

LCO No. 2096

02096_____HS_

Referred to Committee on Human Services

Introduced by:
(HS)

AN ACT ESTABLISHING A BASIC HEALTH PROGRAM.

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

1 Section 1. (NEW) (*Effective from passage*) (a) On and after January 1,
2 2014, the Commissioner of Social Services, in consultation with the
3 Office of Health Reform and Innovation, shall establish and implement
4 a basic health program in accordance with Section 1331 of the federal
5 Affordable Care Act. On and after January 1, 2014, all individuals
6 under sixty-five years of age with income not exceeding two hundred
7 per cent of the federal poverty level, and who are ineligible for medical
8 assistance pursuant to Title XIX of the Social Security Act, and
9 otherwise eligible under the Affordable Care Act, shall be eligible for
10 medical assistance under a basic health program. For purposes of this
11 section and section 7 of this act, "Affordable Care Act" means the
12 Patient Protection and Affordable Care Act, P.L. 111-148, as amended
13 by the Health Care and Education Reconciliation Act, P.L. 111-152, as
14 both may be amended from time to time, and regulations adopted
15 thereunder.

16 (b) Medical assistance provided through the basic health program

17 shall include the benefits, limits on cost-sharing and other consumer
18 safeguards that apply to medical assistance provided in accordance
19 with Title XIX of the Social Security Act, unless the commissioner
20 determines that the cost of medical assistance provided to enrollees in
21 the basic health program will exceed the federal subsidies available to
22 the state to fund the program. If the commissioner so determines, the
23 commissioner, in consultation with the Office of Health Reform and
24 Innovation, shall develop a plan for the basic health program that
25 maximizes benefits and minimizes cost-sharing, within funds available
26 from federal subsidies to fund the program.

27 (c) Individuals enrolled in the basic health program shall include
28 adults with incomes exceeding one hundred thirty-three per cent of the
29 federal poverty level, but not exceeding two hundred per cent of the
30 federal poverty level, who would otherwise be eligible for HUSKY
31 Plan, Part A benefits.

32 (d) To the extent that federal funds received for the basic health
33 program exceed the cost of medical assistance that would otherwise be
34 provided to program enrollees pursuant to Title XIX of the Social
35 Security Act, the excess of such federal funds shall be used to increase
36 reimbursement rates for providers serving individuals receiving
37 benefits pursuant to this section. Reimbursement rates shall be
38 increased pursuant to this section so as to maximize access to needed
39 health services as determined by the commissioner. The commissioner
40 shall establish a committee charged with making recommendations to
41 (1) keep provider rates competitive, (2) provide payment incentives
42 that increase access to primary care offices as an alternative to
43 emergency room care, and (3) streamline paperwork. The committee
44 shall be comprised of representatives of the Department of Social
45 Services and providers who participate in the basic health program
46 and Medicaid.

47 (e) The Commissioner of Social Services shall take all necessary
48 actions to maximize federal funding and seek any necessary approvals

49 from the federal government in connection with the establishment of a
50 basic health program.

51 Sec. 2. (*Effective from passage*) (a) Not later than October 1, 2012, the
52 Commissioner of Social Services, in consultation with the Office of
53 Health Reform and Innovation, shall submit a plan, and any federal
54 waiver application required, for the establishment and implementation
55 of a basic health program to the joint standing committees of the
56 General Assembly having cognizance of matters relating to human
57 services and appropriations and the budgets of state agencies for
58 approval.

59 (b) Not later than thirty days after the date of their receipt of such
60 plan, the joint standing committees shall hold a public hearing. At the
61 conclusion of a public hearing held in accordance with the provisions
62 of this section, the joint standing committees shall advise the
63 commissioner of their approval, denial or modifications, if any, of the
64 plan.

65 (c) If the joint standing committees do not concur, the committee
66 chairpersons shall appoint a committee of conference which shall be
67 composed of three members from each joint standing committee. At
68 least one member appointed from each joint standing committee shall
69 be a member of the minority party. The report of the committee of
70 conference shall be made to each joint standing committee, which shall
71 vote to accept or reject the report. The report of the committee of
72 conference may not be amended. If a joint standing committee rejects
73 the report of the committee of conference, that joint standing
74 committee shall notify the commissioner of the rejection and the
75 commissioner's plan shall be deemed approved. If the joint standing
76 committees accept the report, the committee having cognizance of
77 matters relating to appropriations and the budgets of state agencies
78 shall advise the commissioner of their approval, denial or
79 modifications, if any, of the commissioner's plan. If the joint standing
80 committees do not so advise the commissioner during the thirty-day

81 period, the plan shall be deemed approved.

82 Sec. 3. Subsection (a) of section 17b-261 of the 2012 supplement to
83 the general statutes is repealed and the following is substituted in lieu
84 thereof (*Effective from passage*):

85 (a) Medical assistance shall be provided for any otherwise eligible
86 person whose income, including any available support from legally
87 liable relatives and the income of the person's spouse or dependent
88 child, is not more than one hundred forty-three per cent, pending
89 approval of a federal waiver applied for pursuant to subsection (e) of
90 this section, of the benefit amount paid to a person with no income
91 under the temporary family assistance program in the appropriate
92 region of residence and if such person is an institutionalized
93 individual as defined in Section 1917(c) of the Social Security Act, 42
94 USC 1396p(c), and has not made an assignment or transfer or other
95 disposition of property for less than fair market value for the purpose
96 of establishing eligibility for benefits or assistance under this section.
97 Any such disposition shall be treated in accordance with Section
98 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of
99 property made on behalf of an applicant or recipient or the spouse of
100 an applicant or recipient by a guardian, conservator, person
101 authorized to make such disposition pursuant to a power of attorney
102 or other person so authorized by law shall be attributed to such
103 applicant, recipient or spouse. A disposition of property ordered by a
104 court shall be evaluated in accordance with the standards applied to
105 any other such disposition for the purpose of determining eligibility.
106 The commissioner shall establish the standards for eligibility for
107 medical assistance at one hundred forty-three per cent of the benefit
108 amount paid to a family unit of equal size with no income under the
109 temporary family assistance program in the appropriate region of
110 residence. Except as provided in section 17b-277, as amended by this
111 act, the medical assistance program shall provide coverage to persons
112 under [the age of] nineteen years of age with family income up to one
113 hundred eighty-five per cent of the federal poverty level without an

114 asset limit and to persons under [the age of] nineteen years of age and
115 their parents and needy caretaker relatives, who qualify for coverage
116 under Section 1931 of the Social Security Act, with family income up to
117 one hundred eighty-five per cent of the federal poverty level without
118 an asset limit. On and after January 1, 2014, and upon the
119 implementation of a basic health program, the medical assistance
120 program shall continue to provide coverage to persons under nineteen
121 years of age with family income up to one hundred eighty-five per
122 cent of the federal poverty level without an asset limit. On and after
123 January 1, 2014, and upon implementation of the basic health program,
124 coverage shall be provided to parents and needy caretaker relatives of
125 persons under nineteen years of age, who qualify for coverage under
126 Section 1931 of the Social Security Act, with family income up to one
127 hundred thirty-three per cent of the federal poverty level without an
128 asset limit. Should the benefits, limits on cost sharing and other
129 consumer safeguards provided by the basic health program be
130 different from those provided under Title XIX of the Social Security
131 Act, the state shall pay any resulting additional costs for parents and
132 needy caretaker relatives who would otherwise qualify for coverage
133 under Title XIX of the Social Security Act. Such levels shall be based on
134 the regional differences in such benefit amount, if applicable, unless
135 such levels based on regional differences are not in conformance with
136 federal law. Any income in excess of the applicable amounts shall be
137 applied as may be required by said federal law, and assistance shall be
138 granted for the balance of the cost of authorized medical assistance.
139 The Commissioner of Social Services shall provide applicants for
140 assistance under this section, at the time of application, with a written
141 statement advising them of (1) the effect of an assignment or transfer
142 or other disposition of property on eligibility for benefits or assistance,
143 (2) the effect that having income that exceeds the limits prescribed in
144 this subsection will have with respect to program eligibility, and (3)
145 the availability of, and eligibility for, services provided by the
146 Nurturing Families Network established pursuant to section 17b-751b.
147 Persons who are determined ineligible for assistance pursuant to this

148 section shall be provided a written statement notifying such persons of
149 their ineligibility and advising such persons of the availability of
150 HUSKY Plan, Part B health insurance benefits.

151 Sec. 4. Subsection (a) of section 17b-277 of the general statutes is
152 repealed and the following is substituted in lieu thereof (*Effective from*
153 *passage*):

154 (a) The Commissioner of Social Services shall provide, in accordance
155 with federal law and regulations, medical assistance under the
156 Medicaid program to needy pregnant women whose families have an
157 income not exceeding two hundred fifty per cent of the federal poverty
158 level. On and after January 1, 2014, and contingent upon
159 implementation of a basic health program providing medical coverage
160 to individuals with family income not exceeding two hundred per cent
161 of the federal poverty level, the commissioner shall provide, in
162 accordance with federal law, medical assistance under the Medicaid
163 program to needy pregnant women whose families have an income
164 not exceeding one hundred thirty-three per cent of the federal poverty
165 level. Should the benefits, limits on cost sharing and other consumer
166 safeguards provided by the basic health program be different from
167 those provided under Title XIX of the Social Security Act, the state
168 shall pay any resulting additional costs for needy pregnant women
169 who would otherwise qualify for coverage under Title XIX of the
170 Social Security Act.

171 Sec. 5. Subsection (a) of section 17a-22h of the general statutes is
172 repealed and the following is substituted in lieu thereof (*Effective from*
173 *passage*):

174 (a) The Commissioners of Social Services, Children and Families,
175 and Mental Health and Addiction Services shall develop and
176 implement an integrated behavioral health service system for HUSKY
177 Plan Parts A and B members and children enrolled in the voluntary
178 services program operated by the Department of Children and
179 Families and may, at the discretion of the commissioners, include: (1)

180 Other children, adolescents and families served by the Department of
181 Children and Families or the Court Support Services Division of the
182 Judicial Branch; (2) Medicaid recipients who are not enrolled in
183 HUSKY Plan Part A; [and] (3) Charter Oak Health Plan members; and
184 (4) recipients of the Basic Health Program. The integrated behavioral
185 health service system shall be known as the Behavioral Health
186 Partnership. The Behavioral Health Partnership shall seek to increase
187 access to quality behavioral health services by: (A) Expanding
188 individualized, family-centered and community-based services; (B)
189 maximizing federal revenue to fund behavioral health services; (C)
190 reducing unnecessary use of institutional and residential services for
191 children and adults; (D) capturing and investing enhanced federal
192 revenue and savings derived from reduced residential services and
193 increased community-based services for HUSKY Plan Parts A and B
194 recipients; (E) improving administrative oversight and efficiencies; and
195 (F) monitoring individual outcomes and provider performance, taking
196 into consideration the acuity of the patients served by each provider,
197 and overall program performance.

198 Sec. 6. (*Effective from passage*) (a) For the fiscal years ending June 30,
199 2014, and June 30, 2015, the sum of thirty-six million dollars, reflecting
200 fifty per cent of any projected savings from reducing HUSKY Plan,
201 Part A adult coverage to those with family incomes at one hundred
202 thirty-three per cent of the federal poverty level, is appropriated to the
203 Department of Social Services for the state basic health program.

204 (b) Funds appropriated to the Department of Social Services under
205 this section shall be used (1) to provide the same benefits and limits on
206 cost-sharing in the state basic health program as apply to medical
207 assistance provided in accordance with Title XIX of the Social Security
208 Act, and (2) to increase reimbursement rates for providers serving
209 individuals receiving benefits pursuant to this section. Reimbursement
210 rates shall be increased pursuant to this section so as to maximize
211 individuals' access to needed health care services.

212 Sec. 7. (NEW) (*Effective from passage*) There is established an account
213 to be known as the "basic health program account", which shall be a
214 separate, nonlapsing account within the General Fund. The account
215 shall contain any moneys required by law to be deposited in the
216 account. Moneys in the account shall be expended by the Department
217 of Social Services for the purposes of operating a basic health plan in
218 conformance with Section 1331 of the Affordable Care 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>	17b-261(a)
Sec. 4	<i>from passage</i>	17b-277(a)
Sec. 5	<i>from passage</i>	17a-22h(a)
Sec. 6	<i>from passage</i>	New section
Sec. 7	<i>from passage</i>	New section

Statement of Purpose:

To establish a basic health program providing coverage for persons under sixty-five years of age with family income up to two hundred per cent of the federal poverty level.

[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.]