



Senate

General Assembly

File No. 567

January Session, 2013

Substitute Senate Bill No. 1129

Senate, April 18, 2013

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING HEALTH PLAN DATA.

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

1 Section 1. (NEW) (*Effective October 1, 2013*) (a) Not later than March
2 31, 2014, and quarterly thereafter, the Connecticut Health Insurance
3 Exchange Board of Directors, established pursuant to section 38a-1081
4 of the general statutes, shall report to the joint standing committees of
5 the General Assembly having cognizance of matters relating to public
6 health, human services and insurance concerning health care services
7 provided through the exchange. Such reports shall include: (1) The
8 number of persons in households with incomes from one hundred
9 thirty-three per cent up to one hundred fifty per cent of the federal
10 poverty level who were enrolled in a qualified health plan at any time
11 on or after January 1, 2014; (2) the number of persons in households
12 with incomes from one hundred fifty per cent up to and including two
13 hundred per cent of the federal poverty level who were enrolled in a
14 qualified health plan at any time on and after January 1, 2014; (3) the
15 number of persons in households with incomes from one hundred

16 thirty-three per cent up to and including two hundred per cent of the
 17 federal poverty level who have been continuously enrolled in a
 18 qualified health plan during the current calendar year; (4) the number
 19 of persons in households with incomes from one hundred thirty-three
 20 per cent up to and including two hundred per cent of the federal
 21 poverty level who were enrolled in a qualified health plan and who
 22 subsequently became eligible to receive benefits under the Medicaid
 23 program or whose household income increased to more than two
 24 hundred per cent of the federal poverty level; (5) the number of
 25 persons in households with incomes from one hundred thirty-three
 26 per cent up to and including two hundred per cent of the federal
 27 poverty level who experienced a gap in health care coverage; (6) the
 28 cost to the state of providing health care services to persons identified
 29 in subdivision (5) of this subsection and the cost to such persons to
 30 access health care coverage through the exchange; (7) the cost of the
 31 second-lowest-priced silver premium plan in the exchange; and (8) any
 32 other information that said board believes would be necessary to allow
 33 said committees to evaluate the cost and benefits of a basic health plan.

34 (b) The Connecticut Health Insurance Exchange Board of Directors
 35 shall include in the first quarterly report submitted each year to said
 36 committees in accordance with subsection (a) of this section, the
 37 number of persons in households with incomes from one hundred
 38 thirty-three up to and including two hundred per cent of the federal
 39 poverty level who were enrolled in a qualified health plan at the end of
 40 the previous calendar year.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2013	New section

Statement of Legislative Commissioners:

In section 1(a)(1), the phrase "between one hundred thirty-three per cent and one hundred fifty per cent" was changed to "from one hundred thirty-three per cent up to one hundred fifty per cent", for clarity; in section 1(a)(2), the phrase "between one hundred fifty per cent and two hundred per cent" was changed to "from one hundred

fifty per cent up to and including two hundred per cent", for clarity; and in sections 1(a)(3) to 1(a)(5), inclusive, and section 1(b), the phrase "between one hundred thirty-three per cent and two hundred per cent" was changed to "from one hundred thirty-three per cent up to and including two hundred per cent", for clarity.

PH *Joint Favorable Subst. -LCO*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note**State Impact:** None**Municipal Impact:** None**Explanation**

The bill does not result in a fiscal impact to the state or municipalities. The bill requires the Connecticut Health Insurance Exchange Board of Directors to report not later than March 13, 2014 and quarterly thereafter information concerning enrollment, insurance costs, and coverage costs for individuals in different income brackets in the exchange.

The Out Years**State Impact:** None**Municipal Impact:** None

OLR Bill Analysis**sSB 1129*****AN ACT CONCERNING HEALTH PLAN DATA.*****SUMMARY:**

This bill requires the Connecticut Health Insurance Exchange Board of Directors to submit quarterly reports with specified information on health care services provided through the exchange (see BACKGROUND). The board must report to the Human Services, Insurance and Real Estate, and Public Health committees. The first report is due by March 31, 2014.

The information required to be reported focuses on health coverage for people with household incomes from 133% up to and including 200% of the federal poverty level (FPL) (see BACKGROUND). The bill requires the board to submit other information it believes the above-mentioned legislative committees would need to evaluate the costs and benefits of a basic health plan.

The basic health program is an optional state health insurance program under the federal Patient Protection and Affordable Care Act (ACA) which would be generally available to state residents (1) ineligible for Medicaid, (2) under age 65, (3) with household incomes from 133% to 200% of the FPL, and (4) who are ineligible for "minimum essential coverage" (such as government or employer sponsored coverage) or cannot afford their employer's coverage.

EFFECTIVE DATE: October 1, 2013

HEALTH INSURANCE EXCHANGE BOARD REPORTS

Under the bill, the required reports must include:

1. the number of people in households with incomes from 133% up

- to and including 150% of the FPL, and from 150% up to and including 200% of the FPL, who were enrolled in a qualified health plan (see BACKGROUND) at any time on or after January 1, 2014;
2. the number of people in households with incomes from 133% up to and including 200% of the FPL who (a) have been continuously enrolled in a qualified health plan during the current calendar year; (b) were enrolled in a qualified health plan and who subsequently became Medicaid-eligible or whose household income increased to more than 200% of the FPL; or (c) experienced a gap in health care coverage; the state's cost to provide health care services to them; and the cost to such people to access health care coverage through the exchange;
 3. the cost of the second-lowest-priced silver premium plan in the exchange (silver plans cover 70% of the cost of essential health benefits); and
 4. any other information that the board believes would be necessary to allow the legislative committees to evaluate the cost and benefits of a basic health plan.

The bill also requires the board to include in each year's first quarterly report the number of people in households with incomes from 133% up to and including 200% of the FPL who were enrolled in a qualified health plan at the end of the previous calendar year.

BACKGROUND

Connecticut Health Insurance Exchange

PA 11-53 established the Connecticut Health Insurance Exchange as a quasi-public agency to satisfy requirements of the ACA. A board of directors (with 12 voting and two non-voting members) manages the exchange, including operating an online marketplace where individuals and small employers can compare and purchase health insurance plans that meet federal requirements beginning in 2014.

Federal Poverty Level

The federal poverty level for 2013 is \$11,490 for an individual and increases by household size (e.g., \$19,530 for a three-person household.)

Qualified Health Plans Offered Through the Exchange

The health insurance exchange statutes define a “qualified health plan” as a health benefit plan certified as meeting criteria outlined in the ACA and the exchange law (CGS § 38a-1080). Only qualified health plans can be made available through the exchange (CGS § 38a-1085).

The exchange can certify a health benefit plan as qualified if, among other things:

1. the plan provides the federally designated essential health benefits and the coverage mandated by state law;
2. the insurance commissioner approves the premium rates;
3. the plan complies with federal limits on out-of-pocket costs;
4. the health carrier meets specified requirements; and
5. the exchange determines that making the plan available is in the interests of qualified individuals and employers in the state (CGS § 38a-1086).

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 24 Nay 3 (04/02/2013)