



General Assembly

January Session, 2013

**Raised Bill No. 1129**

LCO No. 4303



Referred to Committee on PUBLIC HEALTH

Introduced by:  
(PH)

**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 between one hundred  
9 thirty-three per cent and 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 between one hundred fifty per cent and two hundred  
13 per cent of the federal poverty level who were enrolled in a qualified  
14 health plan at any time on and after January 1, 2014; (3) the number of  
15 persons in households with incomes between one hundred thirty-three  
16 per cent and two hundred per cent of the federal poverty level who

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

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

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

**Statement of Purpose:**

To require the Connecticut Health Insurance Exchange Board to submit quarterly reports to the public health, human services and insurance committees.

*[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.]*