



General Assembly

January Session, 2013

Substitute Bill No. 1129



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

PH *Joint Favorable Subst. -LCO*

INS *Joint Favorable*