



General Assembly

January Session, 2013

**Amendment**

LCO No. 7414

**\*SB0059607414SR0\***

Offered by:  
SEN. KELLY, 21<sup>st</sup> Dist.

To: Senate Bill No. 596

File No. 3

Cal. No. 38

**"AN ACT CONCERNING THE DUTIES OF THE CONNECTICUT HEALTH INSURANCE EXCHANGE."**

1 Strike everything after the enacting clause and substitute the  
2 following in lieu thereof:

3 "Section 1. Section 38a-1084 of the general statutes is repealed and  
4 the following is substituted in lieu thereof (*Effective October 1, 2013*):

5 The exchange shall:

6 (1) Administer the exchange for both qualified individuals and  
7 qualified employers;

8 (2) Commission surveys of individuals, small employers and health  
9 care providers on issues related to health care and health care  
10 coverage;

11 (3) Implement procedures for the certification, recertification and  
12 decertification, consistent with guidelines developed by the Secretary  
13 under Section 1311(c) of the Affordable Care Act, and section 38a-1086,

14 of health benefit plans as qualified health plans;

15 (4) Provide for the operation of a toll-free telephone hotline to  
16 respond to requests for assistance;

17 (5) Provide for enrollment periods, as provided under Section  
18 1311(c)(6) of the Affordable Care Act;

19 (6) Maintain an Internet web site through which enrollees and  
20 prospective enrollees of qualified health plans may obtain  
21 standardized comparative information on such plans including, but  
22 not limited to, the enrollee satisfaction survey information under  
23 Section 1311(c)(4) of the Affordable Care Act and any other  
24 information or tools to assist enrollees and prospective enrollees  
25 evaluate qualified health plans offered through the exchange;

26 (7) Publish the average costs of licensing, regulatory fees and any  
27 other payments required by the exchange and the administrative costs  
28 of the exchange, including information on monies lost to waste, fraud  
29 and abuse, on an Internet web site to educate individuals on such  
30 costs;

31 (8) Assign a rating to each qualified health plan offered through the  
32 exchange in accordance with the criteria developed by the Secretary  
33 under Section 1311(c)(3) of the Affordable Care Act, and determine  
34 each qualified health plan's level of coverage in accordance with  
35 regulations issued by the Secretary under Section 1302(d)(2)(A) of the  
36 Affordable Care Act;

37 (9) Use a standardized format for presenting health benefit options  
38 in the exchange, including the use of the uniform outline of coverage  
39 established under Section 2715 of the Public Health Service Act, 42  
40 USC 300gg-15, as amended from time to time;

41 (10) Inform individuals, in accordance with Section 1413 of the  
42 Affordable Care Act, of eligibility requirements for the Medicaid  
43 program under Title XIX of the Social Security Act, as amended from

44 time to time, the Children's Health Insurance Program (CHIP) under  
45 Title XXI of the Social Security Act, as amended from time to time, or  
46 any applicable state or local public program, and enroll an individual  
47 in such program if the exchange determines, through screening of the  
48 application by the exchange, that such individual is eligible for any  
49 such program;

50 (11) Collaborate with the Department of Social Services, to the  
51 extent possible, to allow an enrollee who loses premium tax credit  
52 eligibility under Section 36B of the Internal Revenue Code and is  
53 eligible for HUSKY Plan, Part A or any other state or local public  
54 program, to remain enrolled in a qualified health plan;

55 (12) Establish and make available by electronic means a calculator to  
56 determine the actual cost of coverage after application of any premium  
57 tax credit under Section 36B of the Internal Revenue Code and any  
58 cost-sharing reduction under Section 1402 of the Affordable Care Act;

59 (13) Establish a program for small employers through which  
60 qualified employers may access coverage for their employees and that  
61 shall enable any qualified employer to specify a level of coverage so  
62 that any of its employees may enroll in any qualified health plan  
63 offered through the exchange at the specified level of coverage;

64 (14) Offer enrollees and small employers the option of having the  
65 exchange collect and administer premiums, including through  
66 allocation of premiums among the various insurers and qualified  
67 health plans chosen by individual employers;

68 (15) Grant a certification, subject to Section 1411 of the Affordable  
69 Care Act, attesting that, for purposes of the individual responsibility  
70 penalty under Section 5000A of the Internal Revenue Code, an  
71 individual is exempt from the individual responsibility requirement or  
72 from the penalty imposed by said Section 5000A because:

73 (A) There is no affordable qualified health plan available through  
74 the exchange, or the individual's employer, covering the individual; or

75 (B) The individual meets the requirements for any other such  
76 exemption from the individual responsibility requirement or penalty;

77 (16) Provide to the Secretary of the Treasury of the United States the  
78 following:

79 (A) A list of the individuals granted a certification under  
80 subdivision (15) of this section, including the name and taxpayer  
81 identification number of each individual;

82 (B) The name and taxpayer identification number of each individual  
83 who was an employee of an employer but who was determined to be  
84 eligible for the premium tax credit under Section 36B of the Internal  
85 Revenue Code because:

86 (i) The employer did not provide minimum essential health benefits  
87 coverage; or

88 (ii) The employer provided the minimum essential coverage but it  
89 was determined under Section 36B(c)(2)(C) of the Internal Revenue  
90 Code to be unaffordable to the employee or not provide the required  
91 minimum actuarial value; and

92 (C) The name and taxpayer identification number of:

93 (i) Each individual who notifies the exchange under Section  
94 1411(b)(4) of the Affordable Care Act that such individual has changed  
95 employers; and

96 (ii) Each individual who ceases coverage under a qualified health  
97 plan during a plan year and the effective date of that cessation;

98 (17) Provide to each employer the name of each employee, as  
99 described in subparagraph (B) of subdivision (16) of this section, of the  
100 employer who ceases coverage under a qualified health plan during a  
101 plan year and the effective date of the cessation;

102 (18) Perform duties required of, or delegated to, the exchange by the

103 Secretary or the Secretary of the Treasury of the United States related  
104 to determining eligibility for premium tax credits, reduced cost-  
105 sharing or individual responsibility requirement exemptions;

106 (19) Select entities qualified to serve as Navigators in accordance  
107 with Section 1311(i) of the Affordable Care Act and award grants to  
108 enable Navigators to:

109 (A) Conduct public education activities to raise awareness of the  
110 availability of qualified health plans;

111 (B) Distribute fair and impartial information concerning enrollment  
112 in qualified health plans and the availability of premium tax credits  
113 under Section 36B of the Internal Revenue Code and cost-sharing  
114 reductions under Section 1402 of the Affordable Care Act;

115 (C) Facilitate enrollment in qualified health plans;

116 (D) Provide referrals to the Division of Consumer Affairs within the  
117 Insurance Department, the Office of the Healthcare Advocate or health  
118 insurance ombudsman established under Section 2793 of the Public  
119 Health Service Act, 42 USC 300gg-93, as amended from time to time, or  
120 any other appropriate state agency or agencies, for any enrollee with a  
121 grievance, complaint or question regarding the enrollee's health benefit  
122 plan, coverage or a determination under that plan or coverage; and

123 (E) Provide information in a manner that is culturally and  
124 linguistically appropriate to the needs of the population being served  
125 by the exchange;

126 (20) Review the rate of premium growth within and outside the  
127 exchange and consider such information in developing  
128 recommendations on whether to continue limiting qualified employer  
129 status to small employers;

130 (21) Credit the amount, in accordance with Section 10108 of the  
131 Affordable Care Act, of any free choice voucher to the monthly  
132 premium of the plan in which a qualified employee is enrolled and

133 collect the amount credited from the offering employer;

134 (22) Consult with stakeholders relevant to carrying out the activities  
135 required under sections 38a-1080 to 38a-1090, inclusive, including, but  
136 not limited to:

137 (A) Individuals who are knowledgeable about the health care  
138 system, have background or experience in making informed decisions  
139 regarding health, medical and scientific matters and are enrollees in  
140 qualified health plans;

141 (B) Individuals and entities with experience in facilitating  
142 enrollment in qualified health plans;

143 (C) Representatives of small employers and self-employed  
144 individuals;

145 (D) The Department of Social Services; and

146 (E) Advocates for enrolling hard-to-reach populations;

147 (23) Meet the following financial integrity requirements:

148 (A) Keep an accurate accounting of all activities, receipts and  
149 expenditures and annually submit to the Secretary, the Governor, the  
150 Insurance Commissioner and the General Assembly a report  
151 concerning such accountings;

152 (B) Fully cooperate with any investigation conducted by the  
153 Secretary pursuant to the Secretary's authority under the Affordable  
154 Care Act and allow the Secretary, in coordination with the Inspector  
155 General of the United States Department of Health and Human  
156 Services, to:

157 (i) Investigate the affairs of the exchange;

158 (ii) Examine the properties and records of the exchange; and

159 (iii) Require periodic reports in relation to the activities undertaken

160 by the exchange; and

161 (C) Not use any funds in carrying out its activities under sections  
162 38a-1080 to 38a-1089, inclusive, that are intended for the administrative  
163 and operational expenses of the exchange, for staff retreats,  
164 promotional giveaways, excessive executive compensation or  
165 promotion of federal or state legislative and regulatory modifications;

166 (24) Seek to include the most comprehensive health benefit plans  
167 that offer high quality benefits at the most affordable price in the  
168 exchange; and

169 (25) Report at least annually to the General Assembly on the effect  
170 of adverse selection on the operations of the exchange and make  
171 legislative recommendations, if necessary, to reduce the negative  
172 impact from any such adverse selection on the sustainability of the  
173 exchange, including recommendations to ensure that regulation of  
174 insurers and health benefit plans are similar for qualified health plans  
175 offered through the exchange and health benefit plans offered outside  
176 the exchange. The exchange shall evaluate whether adverse selection is  
177 occurring with respect to health benefit plans that are grandfathered  
178 under the Affordable Care Act, self-insured plans, plans sold through  
179 the exchange and plans sold outside the exchange. "

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2013	38a-1084