



General Assembly

January Session, 2015

**Committee Bill No. 5194**

LCO No. 1315



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Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:  
(INS)

**AN ACT REQUIRING THE CONNECTICUT HEALTH INSURANCE EXCHANGE TO REPORT ADDITIONAL DATA.**

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

1 Section 1. Section 38a-1092 of the general statutes is repealed and  
2 the following is substituted in lieu thereof (*Effective July 1, 2015*):

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

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

37 (2) Commencing with the next quarterly report due after July 1,  
38 2015, the exchange board of directors shall include the following  
39 additional information in the quarterly reports required under  
40 subdivision (1) of this subsection: (A) The number of individuals who  
41 enrolled in the Medicaid program in the quarter via the exchange; (B)  
42 the number of individuals who enrolled in a qualified health plan in  
43 the quarter through the exchange and which plans such individuals  
44 selected; (C) whether each individual reported enrolled under  
45 subparagraph (A) or (B) of this subdivision was insured immediately  
46 prior to such enrollment and if so, the source of such insurance; (D) the  
47 number of individuals enrolled in the quarter through the exchange  
48 who were eligible for a federal subsidy and the total and average  
49 amounts of such subsidies; and (E) the status of the exchange's data  
50 privacy protections and the exchange's success rate in ensuring

51 personally identifiable information is not released and the disclosure  
52 of information pursuant to sections 38a-1090 and 38a-1091 is  
53 performed in accordance with said sections.

54 (b) (1) The [Connecticut Health Insurance Exchange] exchange  
55 board of directors shall include in the first quarterly report submitted  
56 each year to said committees in accordance with subsection (a) of this  
57 section, (A) the number of persons in households with incomes from  
58 one hundred thirty-three up to and including two hundred per cent of  
59 the federal poverty level who were enrolled in a qualified health plan  
60 at the end of the previous calendar year, and (B) the number of  
61 individuals who were automatically reenrolled in a qualified health  
62 plan through the exchange during the open enrollment period  
63 immediately preceding.

64 (2) Any such number under subparagraph (B) of subdivision (1) of  
65 this subsection shall exclude individuals enrolled in or reenrolled in  
66 the Medicaid program.

67 Sec. 2. Section 38a-1080 of the general statutes is repealed and the  
68 following is substituted in lieu thereof (*Effective July 1, 2015*):

69 For purposes of sections 38a-1080 to [38a-1091] 38a-1092, inclusive,  
70 as amended by this act:

71 (1) "Board" means the board of directors of the Connecticut Health  
72 Insurance Exchange;

73 (2) "Commissioner" means the Insurance Commissioner;

74 (3) "Exchange" means the Connecticut Health Insurance Exchange  
75 established pursuant to section 38a-1081;

76 (4) "Affordable Care Act" means the Patient Protection and  
77 Affordable Care Act, P.L. 111-148, as amended by the Health Care and  
78 Education Reconciliation Act, P.L. 111-152, as both may be amended  
79 from time to time, and regulations adopted thereunder;

80 (5) (A) "Health benefit plan" means an insurance policy or contract  
81 offered, delivered, issued for delivery, renewed, amended or  
82 continued in the state by a health carrier to provide, deliver, pay for or  
83 reimburse any of the costs of health care services.

84 (B) "Health benefit plan" does not include:

85 (i) Coverage of the type specified in subdivisions (5), (6), (7), (8), (9),  
86 (14), (15) and (16) of section 38a-469 or any combination thereof;

87 (ii) Coverage issued as a supplement to liability insurance;

88 (iii) Liability insurance, including general liability insurance and  
89 automobile liability insurance;

90 (iv) Workers' compensation insurance;

91 (v) Automobile medical payment insurance;

92 (vi) Credit insurance;

93 (vii) Coverage for on-site medical clinics; or

94 (viii) Other similar insurance coverage specified in regulations  
95 issued pursuant to the Health Insurance Portability and Accountability  
96 Act of 1996, P.L. 104-191, as amended from time to time, under which  
97 benefits for health care services are secondary or incidental to other  
98 insurance benefits.

99 (C) "Health benefit plan" does not include the following benefits if  
100 they are provided under a separate insurance policy, certificate or  
101 contract or are otherwise not an integral part of the plan:

102 (i) Limited scope dental or vision benefits;

103 (ii) Benefits for long-term care, nursing home care, home health  
104 care, community-based care or any combination thereof; or

105 (iii) Other similar, limited benefits specified in regulations issued

106 pursuant to the Health Insurance Portability and Accountability Act of  
107 1996, P.L. 104-191, as amended from time to time;

108 (iv) Other supplemental coverage, similar to coverage of the type  
109 specified in subdivisions (9) and (14) of section 38a-469, provided  
110 under a group health plan.

111 (D) "Health benefit plan" does not include coverage of the type  
112 specified in subdivisions (3) and (13) of section 38a-469 or other fixed  
113 indemnity insurance if (i) such coverage is provided under a separate  
114 insurance policy, certificate or contract, (ii) there is no coordination  
115 between the provision of the benefits and any exclusion of benefits  
116 under any group health plan maintained by the same plan sponsor,  
117 and (iii) the benefits are paid with respect to an event without regard  
118 to whether benefits were also provided under any group health plan  
119 maintained by the same plan sponsor;

120 (6) "Health care services" has the same meaning as provided in  
121 section 38a-478;

122 (7) "Health carrier" means an insurance company, fraternal benefit  
123 society, hospital service corporation, medical service corporation,  
124 health care center or other entity subject to the insurance laws and  
125 regulations of the state or the jurisdiction of the commissioner that  
126 contracts or offers to contract to provide, deliver, pay for or reimburse  
127 any of the costs of health care services;

128 (8) "Internal Revenue Code" means the Internal Revenue Code of  
129 1986, or any subsequent corresponding internal revenue code of the  
130 United States, as amended from time to time;

131 (9) "Person" has the same meaning as provided in section 38a-1;

132 (10) "Qualified dental plan" means a limited scope dental plan that  
133 has been certified in accordance with subsection (e) of section 38a-1086;

134 (11) "Qualified employer" has the same meaning as provided in

135 Section 1312 of the Affordable Care Act;

136 (12) "Qualified health plan" means a health benefit plan that has in  
137 effect a certification that the plan meets the criteria for certification  
138 described in Section 1311(c) of the Affordable Care Act and section  
139 38a-1086;

140 (13) "Qualified individual" has the same meaning as provided in  
141 Section 1312 of the Affordable Care Act;

142 (14) "Secretary" means the Secretary of the United States  
143 Department of Health and Human Services;

144 (15) "Small employer" has the same meaning as provided in section  
145 38a-564.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2015	38a-1092
Sec. 2	July 1, 2015	38a-1080

**Statement of Purpose:**

To require the Connecticut Health Insurance Exchange board of directors to report additional data in its quarterly reports to the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services and insurance.

*[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.]*

Co-Sponsors: REP. SAMPSON, 80th Dist.

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