



General Assembly

February Session, 2018

***Raised Bill No. 5463***

LCO No. 2054



Referred to Committee on HUMAN SERVICES

Introduced by:  
(HS)

***AN ACT CONCERNING A MEDICAID PUBLIC OPTION.***

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

1 Section 1. (NEW) (*Effective from passage*) (a) Not later than January 1,  
2 2020, the Commissioner of Social Services, in consultation with the  
3 Office of Health Strategy, established pursuant to section 19a-754a of  
4 the general statutes, and the Health Care Cabinet, established pursuant  
5 to section 19a-725 of the general statutes, shall establish and implement  
6 a Medicaid public option plan that shall be known as HUSKY E. The  
7 HUSKY E plan shall:

8 (1) Include, but not be limited to, the ten essential health benefits  
9 required pursuant to 42 USC 18022;

10 (2) Enroll only persons not otherwise eligible for Medicaid pursuant  
11 to HUSKY A, B, C or D, as defined in section 17b-290 of the general  
12 statutes, as amended by this act;

13 (3) Be funded by premiums assessed by the commissioner on  
14 enrollees after an actuarial analysis, and, if requested by the

15 commissioner and approved by the federal government, federal  
16 premium tax credits and cost-sharing subsidies;

17 (4) Maximize access to necessary health services, as determined by  
18 the commissioner, by applying any excess of funds received over plan  
19 costs to increased reimbursement rates for providers; and

20 (5) Provide for defined enrollment periods aligned with enrollment  
21 periods adopted pursuant to section 38a-1084 of the general statutes.

22 (b) The commissioner, in consultation with the Office of Health  
23 Strategy and the Health Care Cabinet, shall take steps to ensure the  
24 HUSKY E plan does not diminish the long-term sustainability of or  
25 negatively impact the Medicaid program or the Connecticut Health  
26 Insurance Exchange, established pursuant to section 38a-1081 of the  
27 general statutes.

28 (c) In developing the HUSKY E plan, the commissioner, in  
29 consultation with the Office of Health Strategy and the Health Care  
30 Cabinet, shall study whether the state should (1) apply for a state  
31 innovation waiver under 42 USC 18052 to allow eligible persons who  
32 enroll in the HUSKY E plan to use tax credits and cost-sharing  
33 subsidies towards their premiums, (2) charge HUSKY E enrollees  
34 copayments and deductibles and, if so, in what amounts, and (3) sell  
35 the HUSKY E plan on the Connecticut Health Insurance Exchange as a  
36 qualified health plan pursuant to 42 USC 18021. Not later than January  
37 1, 2019, the commissioner shall submit a report on the results of the  
38 study in accordance with the provisions of section 11-4a of the general  
39 statutes to the joint standing committees of the General Assembly  
40 having cognizance of matters relating to appropriations and the  
41 budgets of state agencies, human services and insurance.

42 Sec. 2. (NEW) (*Effective from passage*) Not later than February 1, 2019,  
43 the commissioner shall submit the HUSKY E plan, and any federal  
44 waiver application, if required, for the establishment and  
45 implementation of the plan, to the joint standing committees of the  
46 General Assembly having cognizance of matters relating to

47 appropriations and the budgets of state agencies, human services and  
48 insurance.

49 (b) Not later than thirty days after the date of their receipt of such  
50 plan and any required waiver application, the joint standing  
51 committees shall hold a public hearing. At the conclusion of a public  
52 hearing held in accordance with the provisions of this section, the joint  
53 standing committees shall advise the commissioner of their approval,  
54 denial or modifications, if any, of the plan and any required waiver  
55 application.

56 (c) If the joint standing committees do not concur, the committee  
57 chairpersons shall appoint a committee of conference which shall be  
58 composed of three members from each joint standing committee. At  
59 least one member appointed from each joint standing committee shall  
60 be a member of the minority party. The report of the committee of  
61 conference shall be made to each joint standing committee, which shall  
62 vote to accept or reject the report. The report of the committee of  
63 conference may not be amended.

64 (d) If a joint standing committee rejects the report of the committee  
65 of conference, that joint standing committee shall notify the  
66 commissioner of the rejection and the commissioner's plan and any  
67 required waiver application, shall be deemed approved. If the joint  
68 standing committees accept the report, the committee having  
69 cognizance of matters relating to appropriations and the budgets of  
70 state agencies shall advise the commissioner of their approval, denial  
71 or modifications, if any, of the commissioner's plan and any required  
72 waiver application. If the joint standing committees do not so advise  
73 the commissioner during the thirty-day period, the plan and any  
74 required waiver application, shall be deemed approved.

75 Sec. 3. Section 17b-261 of the 2018 supplement to the general statutes  
76 is amended by adding subsection (l) as follows (*Effective from passage*):

77 (NEW) (l) Notwithstanding the provisions of this section, the  
78 Commissioner of Social Services shall establish and implement a

79 Medicaid public option plan that shall be known as HUSKY E not later  
80 than January 1, 2020. The plan shall be open to persons who do not  
81 qualify for HUSKY A, B, C or D, as defined in section 17b-290, as  
82 amended by this act, and shall be funded by premiums assessed by the  
83 commissioner on enrollees.

84 Sec. 4. Section 17b-290 of the general statutes is repealed and the  
85 following is substituted in lieu thereof (*Effective from passage*):

86 As used in sections 1 to 3, inclusive, of this act, this section and  
87 sections 17b-292, 17b-294a, 17b-295, 17b-297a, 17b-297b and 17b-300:

88 (1) "Applicant" means an individual over the age of eighteen years  
89 who is a natural or adoptive parent, a legal guardian, a caretaker  
90 relative, foster parent or stepparent with whom the child resides and  
91 shall include a child who is eighteen years of age or emancipated in  
92 accordance with the provisions of sections 46b-150 to 46b-150e,  
93 inclusive, and who is applying on his own behalf or on behalf of a  
94 minor dependent for coverage under such plan;

95 (2) "Child" means an individual under nineteen years of age;

96 (3) "Coinsurance" means the sharing of health care expenses by the  
97 insured and an insurer in a specified ratio;

98 (4) "Commissioner" means the Commissioner of Social Services;

99 (5) "Copayment" means a payment made on behalf of a member for  
100 a specified service under HUSKY B;

101 (6) "Cost sharing" means arrangements made on behalf of a member  
102 whereby an applicant pays a portion of the cost of health services,  
103 sharing costs with the state and includes copayments, premiums,  
104 deductibles and coinsurance;

105 (7) "Deductible" means the amount of out-of-pocket expenses that  
106 would be paid for health services on behalf of a member before  
107 becoming payable by the insurer;

- 108 (8) "Department" means the Department of Social Services;
- 109 (9) "Durable medical equipment" means equipment that meets all of  
110 the following requirements:
- 111 (A) Can withstand repeated use;
- 112 (B) Is primarily and customarily used to serve a medical purpose;
- 113 (C) Generally is not useful to a person in the absence of an illness or  
114 injury; and
- 115 (D) Is nondisposable;
- 116 (10) "Eligible beneficiary" means a child who meets the  
117 requirements in section 17b-292, and the requirements specified in  
118 Section 2110(b)(2)(B) of the Social Security Act as amended by Section  
119 10203(b)(2)(D) of the Affordable Care Act;
- 120 (11) "Household" has the same meaning as provided in 42 CFR  
121 435.603;
- 122 (12) "Household income" has the same meaning as provided in 42  
123 CFR 435.603;
- 124 (13) "HUSKY A" means Medicaid provided to children, caretaker  
125 relatives and pregnant and postpartum women pursuant to section  
126 17b-261, as amended by this act, or 17b-277;
- 127 (14) "HUSKY B" means the health coverage for children established  
128 pursuant to the provisions of sections 17b-290, 17b-292, 17b-294a, 17b-  
129 295, 17b-297a, 17b-297b and 17b-300;
- 130 (15) "HUSKY C" means Medicaid provided to individuals who are  
131 sixty-five years of age or older or who are blind or have a disability;
- 132 (16) "HUSKY D" or "Medicaid Coverage for the Lowest Income  
133 Populations program" means Medicaid provided to nonpregnant low-  
134 income adults who are age eighteen to sixty-four, as authorized

135 pursuant to section 17b-8a;

136 (17) "HUSKY E" means the Medicaid public option plan that  
137 provides coverage to persons not otherwise eligible for Medicaid  
138 through HUSKY A, B, C or D, and is funded by premiums assessed on  
139 enrollees;

140 [(17)] (18) "HUSKY Health" means the combined HUSKY A, HUSKY  
141 B, HUSKY C<sub>z</sub> [and] HUSKY D and HUSKY E programs, that provide  
142 medical coverage to eligible children, parents, relative caregivers,  
143 persons age sixty-five or older, individuals with disabilities, low-  
144 income adults, and pregnant women;

145 [(18)] (19) "HUSKY Plus" means the supplemental health program  
146 established pursuant to section 17b-294a for medically eligible  
147 members of HUSKY B whose medical needs cannot be accommodated  
148 within the basic benefit package offered to members. HUSKY Plus  
149 shall supplement coverage for those medically eligible members with  
150 intensive physical health needs;

151 [(19)] (20) "Member" means an eligible beneficiary who receives  
152 services under HUSKY A, B, C<sub>z</sub> [or] D or E;

153 [(20)] (21) "Parent" means a natural parent, stepparent, adoptive  
154 parent, guardian or custodian of a child;

155 [(21)] (22) "Premium" means any required payment made by an  
156 individual to offset the cost under HUSKY B;

157 [(22)] (23) "Qualified entity" means any entity: (A) Eligible for  
158 payments under a state plan approved under Medicaid and which  
159 provides medical services under HUSKY A, or (B) that is a qualified  
160 entity, as defined in 42 USC 1396r-1a, as amended by Section 708 of  
161 Public Law 106-554, and that is determined by the commissioner to be  
162 capable of making the determination of eligibility. The commissioner  
163 shall provide qualified entities with such forms or information on  
164 filing an application electronically as is necessary for an application to

165 be made on behalf of a child under HUSKY A and information on how  
166 to assist parents, guardians and other persons in completing and filing  
167 such forms or electronic application;

168 [(23)] (24) "WIC" means the federal Special Supplemental Food  
169 Program for Women, Infants and Children administered by the  
170 Department of Public Health pursuant to section 19a-59c.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>from passage</i>	17b-261
Sec. 4	<i>from passage</i>	17b-290

**Statement of Purpose:**

To establish a Medicaid public option in which persons not otherwise eligible for Medicaid can buy coverage.

*[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.]*