



General Assembly

Amendment

January Session, 2019

LCO No. 9257



Offered by:
REP. PAVALOCK-D'AMATO, 77th
Dist.

To: Subst. House Bill No. 7267

File No. 353

Cal. No. 231

**"AN ACT CONCERNING PUBLIC OPTIONS FOR HEALTH CARE
IN CONNECTICUT."**

1 Strike sections 1 to 5, inclusive, in their entirety and substitute the
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective July 1, 2019*) For the purposes of this
4 section and sections 2 to 5, inclusive, of this act:

5 (1) "Account" means the ConnectHealth Trust Account established
6 under section 4 of this act;

7 (2) "Advisory council" means the ConnectHealth Advisory Council
8 established under section 3 of this act;

9 (3) "Affordable Care Act" means the Patient Protection and
10 Affordable Care Act, P.L. 111-148, as amended by the Health Care and
11 Education Reconciliation Act, P.L. 111-152, as both may be amended
12 from time to time, and regulations adopted thereunder;

13 (4) "ConnectHealth Plan" means the health benefit plan designed
14 and made available to individuals in this state as part of the program;

15 (5) "Essential health benefits" means benefits that are essential
16 health benefits within the meaning of (A) the Affordable Care Act, or
17 (B) sections 38a-492q and 38a-518q of the general statutes;

18 (6) "Exchange" means the Connecticut Health Insurance Exchange
19 established under section 38a-1081 of the general statutes;

20 (7) "Health benefit plan" has the same meaning as provided in
21 section 38a-1080 of the general statutes;

22 (8) "Internal Revenue Code" means the Internal Revenue Code of
23 1986, or any subsequent corresponding internal revenue code of the
24 United States, as amended from time to time;

25 (9) "Program" means the ConnectHealth Program established by the
26 Insurance Commissioner pursuant to section 2 of this act;

27 (10) "Qualified health plan" has the same meaning as provided in
28 section 38a-1080 of the general statutes; and

29 (11) "Third-party administrator" has the same meaning as provided
30 in section 38a-720 of the general statutes.

31 Sec. 2. (NEW) (*Effective July 1, 2019*) (a) The Insurance Commissioner
32 shall, within available appropriations and in consultation with the
33 advisory council and the Office of Health Strategy, establish a program
34 to be known as the "ConnectHealth Program". The purpose of the
35 program shall be to offer high-quality, low-cost health insurance
36 coverage to enrollees in this state under a ConnectHealth Plan. Under
37 the program, the Insurance Commissioner, in consultation with the
38 advisory council and the Office of Health Strategy, shall:

39 (1) Establish enrollment criteria for the ConnectHealth Plan;

40 (2) Design and offer the ConnectHealth Plan, which shall, at a

41 minimum: (A) Be made available to prospective enrollees in this state
42 not later than January 1, 2021; (B) provide coverage for essential health
43 benefits; (C) provide a level of covered benefits that meets or exceeds
44 the level of covered benefits provided under qualified health plans; (D)
45 impose premiums, deductibles and enrollee cost-sharing in amounts
46 that do not exceed the amounts imposed under qualified health plans;
47 and (E) include an affordability scale for premiums, deductibles and
48 enrollee cost-sharing that varies according to an enrollee's household
49 income;

50 (3) Determine whether to offer the ConnectHealth Plan through the
51 exchange as a qualified health plan;

52 (4) Subject to the provisions of subsection (c) of this section: (A)
53 Establish a schedule of payments and reimbursement rates for the
54 ConnectHealth Plan; (B) provide, within available appropriations,
55 state-financed cost-sharing subsidies to enrollees in the ConnectHealth
56 Plan who do not qualify for cost-sharing subsidies under the
57 Affordable Care Act; and (C) seek a waiver from the United States
58 Department of the Treasury or the United States Department of Health
59 and Human Services, as applicable, pursuant to Section 1332 of the
60 Affordable Care Act;

61 (5) Use any data submitted to the all-payer claims database program
62 established under section 19a-755a of the general statutes to evaluate,
63 on an ongoing basis, the impact of the ConnectHealth Plan on: (A)
64 Individuals in this state; (B) health care providers and health care
65 facilities in this state; and (C) the individual and group health
66 insurance markets in this state; and

67 (6) Implement a competitive process to select, and enter into a
68 contract with, one or more third-party administrators to administer the
69 ConnectHealth Plan, and permit such third-party administrator or
70 third-party administrators to directly receive individual premiums and
71 federal premium tax credits in accordance with all applicable
72 provisions of the Affordable Care Act and the Internal Revenue Code.

73 (b) The Insurance Commissioner may, in the commissioner's
74 discretion and within available appropriations, engage the services of
75 such third-party actuaries, professionals and specialists that the
76 commissioner deems necessary to assist the commissioner in
77 performing the commissioner's duties under subsection (a) of this
78 section.

79 (c) (1) Not later than March 1, 2020, the Insurance Commissioner, in
80 consultation with the advisory council and the Office of Health
81 Strategy, shall submit, in accordance with section 11-4a of the general
82 statutes, to the joint standing committee of the General Assembly
83 having cognizance of matters relating to insurance:

84 (A) A plan to make the ConnectHealth Plan available to prospective
85 enrollees in this state not later than January 1, 2021;

86 (B) Strategies to ensure that health care providers and health care
87 facilities in this state participate in the ConnectHealth Plan;

88 (C) An analysis of the likely impact of the ConnectHealth Plan on
89 the individual and group health insurance markets in this state;

90 (D) A proposed schedule of the initial payments and reimbursement
91 rates for the ConnectHealth Plan;

92 (E) A proposal to implement state-financed cost-sharing subsidies
93 for enrollees in the ConnectHealth Plan who do not qualify for cost-
94 sharing subsidies under the Affordable Care Act, which proposal shall
95 include, but need not be limited to, (i) eligibility criteria for enrollees to
96 receive such subsidies, (ii) the recommended amount or amounts of
97 such subsidies, and (iii) a plan to administer and disburse such
98 subsidies; and

99 (F) A proposed application for a waiver from the United States
100 Department of the Treasury or the United States Department of Health
101 and Human Services, as applicable, pursuant to Section 1332 of the
102 Affordable Care Act.

103 (2) If the committee does not act within sixty days after receiving a
104 submittal under subdivision (1) of this subsection, each proposal
105 described in subparagraphs (D) to (F), inclusive, of said subdivision
106 shall be deemed to be denied by the committee.

107 Sec. 3. (NEW) (*Effective July 1, 2019*) (a) (1) There is established the
108 ConnectHealth Advisory Council. The council shall consist of ten
109 members, as follows:

110 (A) Two appointed by the speaker of the House of Representatives,
111 one of whom shall represent the interests of hospitals in this state and
112 one of whom shall represent the interests of community-based health
113 care providers in this state;

114 (B) Two appointed by the president pro tempore of the Senate, one
115 of whom shall represent the interests of consumers in this state and
116 one of whom shall represent the interests of nurses practicing in this
117 state;

118 (C) One appointed by the majority leader of the House of
119 Representatives, who shall represent the interests of patients in this
120 state;

121 (D) One appointed by the majority leader of the Senate, who shall
122 have expertise in health policy;

123 (E) Two appointed by the minority leader of the House of
124 Representatives, one of whom shall represent the interests of health
125 insurers offering individual health insurance policies in this state and
126 one of whom shall represent the interests of physicians practicing in
127 this state; and

128 (F) Two appointed by the minority leader of the Senate, one of
129 whom shall represent the interests of health insurers offering small
130 group health insurance policies in this state and one of whom shall
131 represent the interests of insurance producers licensed in this state.

132 (2) The members of the advisory council shall select a chairperson

133 from the membership of the advisory council, and the advisory council
134 may establish rules governing the advisory council's internal
135 procedures.

136 (3) The Governor, Lieutenant Governor, Comptroller, Secretary of
137 the Office of Policy and Management, Insurance Commissioner and
138 Commissioner of Social Services shall serve as ex-officio, nonvoting
139 members of the advisory council.

140 (b) Initial appointments to the advisory council shall be made on or
141 before October 1, 2019. If an appointing authority fails to appoint an
142 advisory council member on or before October 1, 2019, the president
143 pro tempore of the Senate and the speaker of the House of
144 Representatives shall jointly appoint an advisory council member
145 meeting the required specifications on behalf of such appointing
146 authority and such advisory council member shall serve a full term.
147 The presence of not less than six advisory council members shall
148 constitute a quorum for the transaction of business. The initial term for
149 advisory council members appointed by the minority leader of the
150 House of Representatives and the minority leader of the Senate shall
151 be three years. The initial term for advisory council members
152 appointed by the majority leader of the House of Representatives and
153 the majority leader of the Senate shall be four years. The initial term for
154 the advisory council members appointed by the speaker of the House
155 of Representatives and the president pro tempore of the Senate shall be
156 five years. Terms pursuant to this subsection shall expire on June
157 thirtieth in accordance with the provisions of this subsection. Any
158 vacancy shall be filled by the appointing authority for the balance of
159 the unexpired term. Not later than thirty days prior to the expiration of
160 a term as provided for in this subsection, the appointing authority may
161 reappoint the current advisory council member or shall appoint a new
162 member to the advisory council. Other than an initial term, an
163 advisory council member shall serve for a term of five years and until a
164 successor advisory council member is appointed. Each member of the
165 advisory council shall be eligible for reappointment. Any member of
166 the advisory council may be removed by the appropriate appointing

167 authority for misfeasance, malfeasance or wilful neglect of duty.

168 (c) The advisory council shall advise the Insurance Commissioner
169 and the Office of Health Strategy on matters concerning the
170 ConnectHealth Program and the ConnectHealth Plan, including, but
171 not limited to:

172 (1) Implementation of the ConnectHealth Plan;

173 (2) Affordability of the ConnectHealth Plan;

174 (3) Marketing of the ConnectHealth Plan to prospective enrollees;

175 (4) Outreach to prospective enrollees and enrollees in the
176 ConnectHealth Plan; and

177 (5) Periodic evaluations of the ConnectHealth Plan.

178 (d) The advisory council shall not be construed to be a department,
179 institution or agency of this state. The staff of the joint standing
180 committee of the General Assembly having cognizance of matters
181 relating to insurance shall provide administrative support to the
182 advisory council.

183 Sec. 4. (NEW) (*Effective July 1, 2019*) There is established an account
184 to be known as the "ConnectHealth Trust Account", which shall be a
185 separate, nonlapsing account within the General Fund. The account
186 shall contain all moneys required by law to be deposited in the
187 account. Investment earnings from any moneys in the account shall be
188 credited to the account and shall become part of the assets of the
189 account. Any balance remaining in the account at the end of any fiscal
190 year shall be carried forward in the account for the fiscal year next
191 succeeding. The moneys in the account shall be allocated to the
192 Insurance Department for the purposes of lowering the cost of the
193 ConnectHealth Plan and providing state-financed cost-sharing
194 subsidies to enrollees in such plan who do not qualify for cost-sharing
195 subsidies under the Affordable Care Act.

196 Sec. 5. (NEW) (*Effective July 1, 2019*) The Insurance Commissioner
197 may adopt regulations, in accordance with chapter 54 of the general
198 statutes, to implement the provisions of sections 1 to 4, inclusive, of
199 this act."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2019</i>	New section
Sec. 2	<i>July 1, 2019</i>	New section
Sec. 3	<i>July 1, 2019</i>	New section
Sec. 4	<i>July 1, 2019</i>	New section
Sec. 5	<i>July 1, 2019</i>	New section