
OLR Bill Analysis

HB 6687 (as amended by House "A")*

Emergency Certification

AN ACT CONCERNING MEDICAL ASSISTANCE FOR CHILDREN AND ADULTS WITHOUT HEALTH CARE COVERAGE.

SUMMARY

This bill requires the Department of Social Services (DSS) to extend eligibility for medical assistance, subject to income limits and within available appropriations, to certain groups of people regardless of immigration status, who do not otherwise qualify for health care coverage. The bill extends this coverage to (1) children under age 9 and (2) women for 12 months after giving birth.

The bill also requires the DSS commissioner to amend the Children's Health Insurance Program (CHIP) state plan to provide medical assistance for prenatal care through the "unborn child option." This is a state option that allows states to consider an unborn child a low-income child eligible for prenatal care coverage if other CHIP eligibility requirements are met.

The bill also requires the Office of Health Strategy (OHS) executive director to study the feasibility of offering health care coverage for (1) income-eligible children ages 9 to 18, regardless of immigration status, and (2) adults with household income up to 200% of the federal poverty level (FPL) who do not currently qualify for medical assistance due to household income. The executive director must report on the plans to the Appropriations, Human Services, and Insurance and Real Estate committees by July 1, 2022.

Lastly, the bill allows the DSS commissioner to (1) seek a state innovation waiver under section 1332 of the Affordable Care Act (ACA) or (2) enter into contractual agreements with other states, in accordance with established procedures, as needed to perform duties

under the bill. Section 1332 of the ACA allows states to waive certain ACA requirements in order to customize their health insurance systems to better meet the state's context and needs while retaining the basic protections of the ACA.

*House Amendment "A" delays the implementation date for provisions requiring coverage for children and postpartum care; establishes lack of coverage from other sources as a requirement for eligibility; specifies that medical assistance is state-funded; requires the OHS director, rather than DSS, to study further expansions; and adds the provision authorizing a 1332 waiver and contracts with other states.

EFFECTIVE DATE: October 1, 2021, except the report requirement is effective upon passage.

§§ 1 & 3 — CHILDREN UNDER AGE 9

The bill requires the DSS commissioner, beginning January 1, 2023, to provide state-funded medical assistance, within available appropriations, to children under age 9, regardless of immigration status, with household incomes (1) up to 201% of FPL with no asset limit and (2) over 201% of FPL and up to 323% of FPL. Under the bill, eligible children are those who do not otherwise qualify for (1) Medicaid, (2) CHIP, or (3) an offer of affordable, employer-sponsored insurance as defined in the ACA as an employee or employee's dependent.

§ 2 — POSTPARTUM CARE FOR WOMEN

The bill requires the DSS commissioner, on or after April 1, 2023, to provide state-funded medical assistance, within available appropriations, for postpartum care to women for 12 months after birth who (1) do not qualify for Medicaid due to immigration status and (2) have household incomes up to 263% of FPL.

§ 4 — UNBORN CHILD OPTION FOR PRENATAL CARE

The bill requires the DSS commissioner to amend the CHIP state plan to provide medical assistance for prenatal care through the

“unborn child option.” This is a state option that allows states to consider an unborn child a low-income child eligible for coverage of prenatal care if other CHIP eligibility requirements are met. According to the federal Centers for Medicare and Medicaid Services, the requirement to meet other CHIP eligibility criteria applies to the child and not the mother.

The commissioner must provide medical assistance for prenatal care through this option by April 1, 2022. CHIP is jointly funded by the state and federal government and is administered by DSS according to federal requirements. The state provides CHIP coverage under HUSKY B, which covers children in families with household incomes between 196% and 318% of the federal poverty limit.

§ 5 — STUDY ON FEASIBILITY OF EXPANDING HEALTH CARE COVERAGE

The bill requires the OHS executive director to study the feasibility of offering health care coverage for the following groups:

1. income-eligible children ages 9 to 18, regardless of immigration status, who are not otherwise eligible for other coverage (i.e., under Medicaid, CHIP, or an offer of affordable employer sponsored insurance as defined in the ACA as an employee or employee’s dependent) and
2. adults with household income up to 200% of FPL who do not otherwise qualify for other coverage (i.e., under medical assistance programs (e.g., Medicaid), employer-sponsored insurance as defined in the ACA as an employee or employee’s dependent, or health care coverage through the Connecticut Health Insurance Exchange due to household income).

The bill requires the OHS director to conduct the studies in consultation with the Office of Policy and Management, DSS, the Connecticut Insurance Department, and the Connecticut Health Insurance Exchange.

The bill requires the study on health care coverage for income-

eligible children to include:

1. the age groups that would be provided medical assistance in each year, and the appropriations needed to do so,
2. income eligibility criteria and health care coverage consistent with assistance the state provides under Medicaid and CHIP, and
3. recommendations for identifying and enrolling eligible children.

The bill requires the study on health care coverage for adults to include:

1. household income caps for adults who would be provided health care coverage in each year, and the appropriations needed to do so;
2. health care coverage consistent with medical assistance the state provides under Medicaid generally and HUSKY D specifically; and
3. recommendations for identifying and enrolling eligible adults.

The bill requires the OHS executive director to report on the studies to the Appropriations, Human Services, and Insurance and Real Estate committees by July 1, 2022.

BACKGROUND

Related Bills

sSB 910 (File 130), favorably reported by the Appropriations and Human Services committees, requires DSS to extend Medicaid coverage for postpartum care to 12 months after a mother gives birth.

sSB 911 (File 115), favorably reported by the Human Services Committee, requires DSS to amend the CHIP plan to provide medical assistance for prenatal care through the unborn child option.

SB 956 (File 516), favorably reported by the Appropriations and Human Services committees, requires DSS to provide medical assistance, within available appropriations, to people regardless of their immigration status, if they otherwise meet income eligibility guidelines.

Federal Poverty Level

The U.S. Department of Health and Human Services establishes the FPL (“federal poverty level”) annually. Table 1 shows the number of people in a household and the annual FPL amounts for 2021 at various percentages, rounded to the nearest dollar.

Table 1: FPL Amounts at Various Percentages

<i>Number of People in Household</i>	<i>100%</i>	<i>200%</i>	<i>201%</i>	<i>263%</i>	<i>323%</i>
1	\$12,880	\$25,760	\$25,889	\$33,874	\$41,602
2	\$17,420	\$34,840	\$35,014	\$45,815	\$56,267
3	\$21,960	\$43,920	\$44,140	\$57,755	\$70,931