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## **OLR Bill Analysis**

### **sSB 15**

#### ***AN ACT ENCOURAGING PRIMARY AND PREVENTIVE CARE.***

#### **SUMMARY**

This bill requires health carriers (e.g., insurers and HMOs) that deliver, issue, renew, amend, or continue certain individual or group health insurance policies in the state to develop at least two health enhancement programs (HEPs) under the policies by January 1, 2024. The bill defines a HEP as a health benefit program that ensures access and removes barriers to essential, high-value clinical services. The bill authorizes the insurance commissioner to adopt implementing regulations.

The bill also requires health carriers and third-party administrators (TPAs) that issue health insurance identification (ID) cards to insureds to prominently display on them, in a readily understandable manner, information to assist the insured with accessing and contacting a primary care provider (PCP).

Lastly, the bill requires the Department of Social Services (DSS), on any ID card it issues to an individual who is eligible for the state's medical assistance program (i.e., Medicaid or HUSKY B), to include information about accessing and contacting a PCP.

EFFECTIVE DATE: January 1, 2023, except the provisions about ID cards are effective January 1, 2024.

#### **HEALTH ENHANCEMENT PROGRAMS**

The bill requires health carriers to develop at least two HEPs by January 1, 2024. Each HEP must (1) be available to each insured under the health insurance policy and (2) provide incentives to each insured directly related to providing health insurance coverage for insureds choosing to complete certain preventive examinations and screenings

the U.S. Preventive Services Task Force recommends with an “A” or “B” rating. (Presumably, the bill means to limit this to chronic diseases as defined in the bill (i.e., coronary artery disease, diabetes, hyperlipidemia, or hypertension). However, while the bill defines “chronic disease,” it does not otherwise use the term.)

The bill prohibits a HEP from imposing any penalty or negative incentive on an insured. It also specifies that an insured cannot be required to participate in a HEP.

The bill also requires certain individual and group health insurance policies to cover the HEPs. However, it is unclear if this means they must cover HEP administration costs or the examinations and screenings insureds receive through the HEP.

The bill’s HEP provisions apply to individual and group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including those provided under an HMO plan.

## **HEALTH INSURANCE ID CARDS**

Under the bill, health carriers and TPAs that issue health insurance ID cards must include on an insured’s ID card the name and contact information for an in-network PCP whom the insured designated as his or her preferred PCP.

If the insured did not designate a PCP, the carrier or TPA must instead include on the ID card (1) a telephone number the insured may call to access telehealth or a list of local in-network PCPs accepting new patients or (2) the website address that allows the insured to contact and schedule appointments with local in-network PCPs, unless the carrier or TPA issues a separate card for these purposes.

The bill allows carriers and TPAs to provide the above information in an electronic card to an insured who requests it in that format. Anyone who receives an electronic card may also receive a hard copy ID card in the mail.

By law, the insurance commissioner may adopt implementing regulations for ID cards.

### **MEDICAL ASSISTANCE PROGRAM ID CARDS**

The bill requires DSS to include on its medical assistance program ID cards, to the extent available when issuing the card, the name and contact information for a PCP enrolled in the program whom (1) the covered individual designated as his or her preferred PCP or (2) DSS has identified based on the individual's health care claims.

If the individual did not designate a PCP, and DSS could not attribute the individual to one based on health care claims data, then DSS must instead include on the ID card a note to contact a DSS agent. The note must contain the agent's contact information for help finding, contacting, and scheduling appointments with PCPs enrolled in the medical assistance program.

### **COMMITTEE ACTION**

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 17    Nay 0    (03/10/2022)