AN ACT ENCOURAGING PRIMARY AND PREVENTIVE CARE.

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

Section 1. Section 38a-477kk of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (Effective January 1, 2024):

(a) For the purposes of this section:

(1) "Health carrier" has the same meaning as provided in section 38a-1080, and

(2) "Third-party administrator" has the same meaning as provided in section 38a-720.

(3) "Primary care provider" means a health care provider who (A) (i) is an advanced practice registered nurse licensed pursuant to chapter 378, or (ii) is a physician or physician assistant licensed pursuant to chapter 370, and (B) provides primary care services while acting within such provider's scope of practice.
(4) (A) "Primary care services" means the following health care services when provided by a primary care provider practicing in the medical field of family medicine, general pediatrics, primary care or internal medicine, without regard to board certification: (i) Administration and interpretation of health risk assessments, (ii) behavioral health risk assessments, screening and counseling, (iii) general medical exams, (iv) hospice care, (v) immunizations, (vi) office and home visits, (vii) preventative medicine evaluation and counseling, (viii) routine adult medical and child health exams, and (ix) telehealth visits.

(B) "Primary care services" does not include: (i) Emergency department care, (ii) inpatient care, (iii) minor outpatient procedures, (iv) nursing facility care, (v) routine primary care or gynecologic services, other than specialized gynecologic services, provided by an obstetrician-gynecologist or midwife, or (vi) practice-administered pharmacy.

(b) Each health carrier or third-party administrator that issues a card to an individual in this state for the purpose of enabling such individual to prove that such individual has health coverage shall include in such card a statement disclosing whether such coverage is fully insured or self-insured. [Such statement shall be prominently displayed on such card in a readily understandable, standardized form prescribed by the Insurance Commissioner.]

(c) The Insurance Commissioner may adopt regulations, in accordance with the provisions of chapter 54, to implement the provisions of this section.

(d) Each health carrier or third-party administrator that issues a card to an individual in this state for the purpose of enabling such individual to prove that such individual has health coverage shall include the following information on such card, in addition to the information provided in subsection (b) of this section:

(1) The name of, and contact information for, an in-network primary
care provider whom the individual has designated to serve as such individual's preferred primary care provider; or

(2) If the individual has not designated a preferred primary care provider under subdivision (1) of this subsection, the telephone number for a hotline maintained by such health carrier or third-party administrator for the purpose of providing such individual with a list of local in-network primary care providers accepting new patients, or the address of an Internet web site maintained by such health carrier or third-party administrator for the purpose of enabling such individual to contact, and schedule appointments with, local in-network primary care providers.

(e) Each health carrier or third-party administrator that issues a card to an individual in this state for the purpose of enabling such individual to prove that such individual has health coverage shall include on such card, in addition to the information prescribed by subsections (b) and (d) of this section, telehealth network contact information for such health carrier or third-party administrator.

(f) The information required to be included under subsections (b), (d) and (e) of this section shall be prominently displayed on each card in a readily understandable, standardized form prescribed by the Insurance Commissioner.

(g) The information required to be included on each card under subsections (b), (d) and (e) of this section may also be made available in electronic format by the health carrier or third-party administrator, if requested by the insured member. Any member who has requested an electronic card may also receive such card in hard copy via mail.

Sec. 2. (NEW) (Effective January 1, 2024) (a) (1) For the purposes of this section, "chronic disease" means coronary artery disease, diabetes, hyperlipidemia or hypertension.

(2) "Health enhancement program" means a health benefit program that ensures access and removes barriers to essential, high-value clinical
services.

(b) (1) Not later than January 1, 2024, each insurer, health care center, hospital service corporation, medical service corporation, fraternal benefit society or other entity that delivers, issues for delivery, renews, amends or continues in this state an individual or group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes shall develop not less than two health enhancement programs under such policy.

(2) Each health enhancement program developed pursuant to subdivision (1) of this subsection shall:

(A) Be available to each insured under the individual or group health insurance policy;

(B) Provide to each insured under the individual or group health insurance policy incentives that are directly related to the provision of health insurance coverage; and

(C) Require each insured under the individual or group health insurance policy to undergo preventive examinations and screenings for chronic diseases recommended by the United States Preventive Services Task Force with a rating of "A" or "B".

(3) No health enhancement program developed pursuant to subdivision (1) of this subsection shall impose any penalty or other negative incentive on an insured under the individual or group health insurance policy.

(c) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state shall include coverage for the health enhancement programs that the insurer, health care center, hospital service corporation, medical service corporation, fraternal benefit
society or other entity that delivered, issued, renewed, amended or
continued such policy developed pursuant to this section.

(d) Each group health insurance policy providing coverage of the
type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
of the general statutes delivered, issued for delivery, renewed, amended
or continued in this state shall include coverage for the health
enhancement programs that the insurer, health care center, hospital
service corporation, medical service corporation, fraternal benefit
society or other entity that delivered, issued, renewed, amended or
continued such policy developed pursuant to this section.

(e) The Insurance Commissioner may adopt regulations, in
accordance with the provisions of chapter 54 of the general statutes, to
implement the provisions of this section.

Sec. 3. (NEW) (Effective January 1, 2024) (a) For the purposes of this
section:

(1) "Department" means the Department of Social Services.

(2) "Connecticut medical assistance program" means the state's
Medicaid program and the Children's Health Insurance program
administered by the Department of Social Services.

(3) "Primary care provider" means a health care provider who (A) (i)
is an advanced practice registered nurse licensed pursuant to chapter
378 of the general statutes, or (ii) is a physician or physician assistant
licensed pursuant to chapter 370 of the general statutes, and (B) provides
primary care services while acting within such provider's scope of
practice.

(4) (A) "Primary care services" means the following health care
services when provided by a primary care provider practicing in the
medical field of family medicine, general pediatrics, primary care or
internal medicine, without regard to board certification: (i)
Administration and interpretation of health risk assessments, (ii)
behavioral health risk assessments, screening and counseling, (iii) general medical exams, (iv) hospice care, (v) immunizations, (vi) office and home visits, (vii) preventative medicine evaluation and counseling, (viii) routine adult medical and child health exams, and (ix) telehealth visits.

(B) "Primary care services" does not include: (i) Emergency department care, (ii) inpatient care, (iii) minor outpatient procedures, (iv) nursing facility care, (v) routine primary care or gynecologic services, other than specialized gynecologic services, provided by an obstetrician-gynecologist or midwife, or (vi) practice-administered pharmacy.

(b) On any applicable card that the department issues to an individual eligible for the Connecticut medical assistance program and at the time such card is issued based on current practice, in addition to other information that the department may include, the department shall include on such card, to the extent that the following information is available at the time the card is issued:

(1) The name of, and contact information for, a primary care provider enrolled in the Connecticut medical assistance program whom the individual has designated to serve as such individual's preferred primary care provider, or the primary care provider whom the department or its agent has identified as the primary care provider to whom the individual has been attributed based on analysis of available health care claims information for the individual; or

(2) If the individual has not designated a preferred primary care provider under subdivision (1) of this subsection and the department was not able to attribute the individual to a primary care provider based on available health care claims information for the individual, the department shall include on such card a notation to contact the department's agent, with available contact information or a reference to such agent, for assistance with finding, contacting and scheduling appointments with primary care providers enrolled in the Connecticut
medical assistance program.

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**Statement of Purpose:**
To implement the Governor's budget recommendations.

[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.]