



General Assembly

February Session, 2022

**Governor's Bill No. 15**

LCO No. 728



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:

Request of the Governor Pursuant  
to Joint Rule 9

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

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

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2 statutes is repealed and the following is substituted in lieu thereof  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

4 (a) For the purposes of this section:

5 (1) "Health carrier" has the same meaning as provided in section 38a-  
6 1080. [; and]

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

9 (3) "Primary care provider" means a health care provider who (A) (i)  
10 is an advanced practice registered nurse licensed pursuant to chapter  
11 378, or (ii) is a physician or physician assistant licensed pursuant to  
12 chapter 370, and (B) provides primary care services while acting within  
13 such provider's scope of practice.

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

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

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

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

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

45       (1) The name of, and contact information for, an in-network primary

46 care provider whom the individual has designated to serve as such  
47 individual's preferred primary care provider; or

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

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

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

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

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

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

77 services.

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

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

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

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

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

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

101 (c) Each individual health insurance policy providing coverage of the  
102 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469  
103 of the general statutes delivered, issued for delivery, renewed, amended  
104 or continued in this state shall include coverage for the health  
105 enhancement programs that the insurer, health care center, hospital  
106 service corporation, medical service corporation, fraternal benefit

107 society or other entity that delivered, issued, renewed, amended or  
108 continued such policy developed pursuant to this section.

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

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

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

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

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

126 (3) "Primary care provider" means a health care provider who (A) (i)  
127 is an advanced practice registered nurse licensed pursuant to chapter  
128 378 of the general statutes, or (ii) is a physician or physician assistant  
129 licensed pursuant to chapter 370 of the general statutes, and (B) provides  
130 primary care services while acting within such provider's scope of  
131 practice.

132 (4) (A) "Primary care services" means the following health care  
133 services when provided by a primary care provider practicing in the  
134 medical field of family medicine, general pediatrics, primary care or  
135 internal medicine, without regard to board certification: (i)  
136 Administration and interpretation of health risk assessments, (ii)

137 behavioral health risk assessments, screening and counseling, (iii)  
138 general medical exams, (iv) hospice care, (v) immunizations, (vi) office  
139 and home visits, (vii) preventative medicine evaluation and counseling,  
140 (viii) routine adult medical and child health exams, and (ix) telehealth  
141 visits.

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

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

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

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

169 medical assistance program.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2024</i>	38a-477kk
Sec. 2	<i>January 1, 2024</i>	New section
Sec. 3	<i>January 1, 2024</i>	New section

**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.]*