



General Assembly

**Amendment**

February Session, 2022

LCO No. 5936



Offered by:  
REP. PAVALOCK-D'AMATO, 77<sup>th</sup> Dist.

To: Subst. Senate Bill No. 358

File No. 356

Cal. No. 493

**"AN ACT CONCERNING REQUIRED HEALTH INSURANCE  
COVERAGE FOR BREAST AND OVARIAN CANCER  
SUSCEPTIBILITY SCREENING."**

1 Strike everything after the enacting clause and substitute the  
2 following in lieu thereof:

3 "Section 1. Section 38a-1083 of the 2022 supplement to the general  
4 statutes is repealed and the following is substituted in lieu thereof  
5 (*Effective October 1, 2022*):

6 (a) For purposes of sections 38a-1080 to 38a-1093, inclusive, "purposes  
7 of the exchange" means the purposes of and the pursuit of the goals of  
8 the exchange expressed in and pursuant to this section and the  
9 performance of the duties and responsibilities of the exchange set forth  
10 in sections 38a-1084 to 38a-1087, inclusive, which are hereby determined  
11 to be public purposes for which public funds may be expended. The  
12 powers enumerated in this section shall be interpreted broadly to  
13 effectuate the purposes of the exchange and shall not be construed as a  
14 limitation of powers.

15 (b) The goals of the exchange shall be to reduce the number of  
16 individuals without health insurance in this state and assist individuals  
17 and small employers in the procurement of health insurance by, among  
18 other services, offering easily comparable and understandable  
19 information about health insurance options.

20 (c) The exchange is authorized and empowered to:

21 (1) Have perpetual succession as a body politic and corporate and to  
22 adopt bylaws for the regulation of its affairs and the conduct of its  
23 business;

24 (2) Adopt an official seal and alter the same at pleasure;

25 (3) Maintain an office in the state at such place or places as it may  
26 designate;

27 (4) Employ such assistants, agents, managers and other employees as  
28 may be necessary or desirable;

29 (5) Acquire, lease, purchase, own, manage, hold and dispose of real  
30 and personal property, and lease, convey or deal in or enter into  
31 agreements with respect to such property on any terms necessary or  
32 incidental to the carrying out of these purposes, provided all such  
33 acquisitions of real property for the exchange's own use with amounts  
34 appropriated by this state to the exchange or with the proceeds of bonds  
35 supported by the full faith and credit of this state shall be subject to the  
36 approval of the Secretary of the Office of Policy and Management and  
37 the provisions of section 4b-23;

38 (6) Receive and accept, from any source, aid or contributions,  
39 including money, property, labor and other things of value;

40 (7) Charge assessments or user fees to health carriers that are capable  
41 of offering a qualified health plan through the exchange or otherwise  
42 generate funding necessary to support the operations of the exchange  
43 and the all-payer claims database program established under section  
44 19a-755a and impose interest and penalties on such health carriers for

45 delinquent payments of such assessments or fees;

46 (8) Procure insurance against loss in connection with its property and  
47 other assets in such amounts and from such insurers as it deems  
48 desirable;

49 (9) Invest any funds not needed for immediate use or disbursement  
50 in obligations issued or guaranteed by the United States of America or  
51 the state and in obligations that are legal investments for savings banks  
52 in the state;

53 (10) Issue bonds, bond anticipation notes and other obligations of the  
54 exchange for any of its corporate purposes, and to fund or refund the  
55 same and provide for the rights of the holders thereof, and to secure the  
56 same by pledge of revenues, notes and mortgages of others;

57 (11) Borrow money for the purpose of obtaining working capital;

58 (12) Account for and audit funds of the exchange and any recipients  
59 of funds from the exchange;

60 (13) Make and enter into any contract or agreement necessary or  
61 incidental to the performance of its duties and execution of its powers,  
62 including, but not limited to, an agreement with the Office of Health  
63 Strategy to use funds collected under this section for the operation of  
64 the all-payer claims database established under section 19a-755a and to  
65 receive data from such database. The contracts entered into by the  
66 exchange shall not be subject to the approval of any other state  
67 department, office or agency, provided copies of all contracts of the  
68 exchange shall be maintained by the exchange as public records, subject  
69 to the proprietary rights of any party to the contract, except any  
70 agreement with the Office of Health Strategy shall be subject to approval  
71 by said office and the Office of Policy and Management and no portion  
72 of such agreement shall be considered proprietary;

73 (14) To the extent permitted under its contract with other persons,  
74 consent to any termination, modification, forgiveness or other change of

75 any term of any contractual right, payment, royalty, contract or  
76 agreement of any kind to which the exchange is a party;

77 (15) Award grants to trained and certified individuals and  
78 institutions that will assist individuals, families and small employers  
79 and their employees in enrolling in appropriate coverage through the  
80 exchange. Applications for grants from the exchange shall be made on  
81 a form prescribed by the board;

82 (16) Limit the number of plans offered, and use selective criteria in  
83 determining which plans to offer, through the exchange, provided  
84 individuals and employers have an adequate number and selection of  
85 choices;

86 (17) Evaluate jointly with the Health Care Cabinet established  
87 pursuant to section 19a-725 the feasibility of implementing a basic  
88 health program option as set forth in Section 1331 of the Affordable Care  
89 Act;

90 (18) Establish one or more subsidiaries, in accordance with section  
91 38a-1093, to further the purposes of the exchange;

92 (19) Make loans to each subsidiary established pursuant to section  
93 38a-1093 from the assets of the exchange and the proceeds of bonds,  
94 bond anticipation notes and other obligations issued by the exchange or  
95 assign or transfer to such subsidiary any of the rights, moneys or other  
96 assets of the exchange, provided such assignment or transfer is not in  
97 violation of state or federal law;

98 (20) Sue and be sued, plead and be impleaded;

99 (21) Adopt regular procedures that are not in conflict with other  
100 provisions of the general statutes, for exercising the power of the  
101 exchange; and

102 (22) Do all acts and things necessary and convenient to carry out the  
103 purposes of the exchange, provided such acts or things shall not conflict  
104 with the provisions of the Affordable Care Act, regulations adopted

105 thereunder or federal guidance issued pursuant to the Affordable Care  
106 Act.

107 (d) On or after October 1, 2022, any proposal to increase in the amount  
108 of any assessment or user fee to be imposed under subdivision (7) of  
109 subsection (c) of this section shall be:

110 (1) The subject of a public meeting of the board, held not later than  
111 sixty days after such proposal is made, for the purpose of receiving  
112 public comment concerning such proposal, before such increase is  
113 imposed; and

114 (2) Subject to legislative and board approval as follows:

115 (A) Not later than thirty days after the public meeting held pursuant  
116 to subdivision (1) of this subsection, the joint standing committees of the  
117 General Assembly having cognizance of matters relating to insurance  
118 and appropriations and the budgets of state agencies shall meet to  
119 review and approve such proposal. If the committees do not approve  
120 such proposal within thirty days after the public meeting held pursuant  
121 to subdivision (1) of this subsection, such proposal shall be deemed to  
122 have been rejected by the committees.

123 (B) Upon approval of such proposal under subparagraph (A) of this  
124 subdivision, a quorum of the board may vote on the proposal at an in-  
125 person meeting.

126 [(d)] (e) (1) The chief executive officer of the exchange shall provide  
127 to the commissioner the name of any health carrier that fails to pay any  
128 assessment or user fee under subdivision (7) of subsection (c) of this  
129 section to the exchange. The commissioner shall see that all laws  
130 respecting the authority of the exchange pursuant to said subdivision  
131 (7) are faithfully executed. The commissioner has all the powers  
132 specifically granted under this title and all further powers that are  
133 reasonable and necessary to enable the commissioner to enforce the  
134 provisions of said subdivision (7).

135 (2) Any health carrier aggrieved by an administrative action taken by  
136 the commissioner under subdivision (1) of this subsection may appeal  
137 therefrom in accordance with the provisions of section 4-183, except  
138 venue for such appeal shall be in the judicial district of New Britain.

139 Sec. 2. Section 38a-1089 of the general statutes is repealed and the  
140 following is substituted in lieu thereof (*Effective October 1, 2022*):

141 (a) Not later than January 1, 2012, and annually thereafter until  
142 January 1, 2014, the chief executive officer of the exchange shall report,  
143 in accordance with section 11-4a, to the Governor and the General  
144 Assembly on a plan, and any revisions or amendments to such plan, to  
145 establish a health insurance exchange in the state. Such report shall  
146 address:

147 (1) Whether to establish two separate exchanges, one for the  
148 individual health insurance market and one for the small employer  
149 health insurance market, or to establish a single exchange;

150 (2) Whether to merge the individual and small employer health  
151 insurance markets;

152 (3) Whether to revise the definition of "small employer" from not  
153 more than fifty employees to not more than one hundred employees;

154 (4) Whether to allow large employers to participate in the exchange  
155 beginning in 2017;

156 (5) Whether to require qualified health plans to provide the essential  
157 health benefits package, as described in Section 1302(a) of the  
158 Affordable Care Act, or include additional state mandated benefits;

159 (6) Whether to list dental benefits separately on the exchange's  
160 Internet web site where a qualified health plan includes dental benefits;

161 (7) The relationship of the exchange to insurance producers;

162 (8) The capacity of the exchange to award Navigator grants pursuant

163 to section 38a-1087;

164 (9) Ways to ensure that the exchange is financially sustainable by  
165 2015, as required by the Affordable Care Act including, but not limited  
166 to, assessments or user fees charged to carriers;

167 (10) Methods to independently evaluate consumers' experience,  
168 including, but not limited to, hiring consultants to act as secret shoppers;  
169 and

170 (11) The status of the implementation and administration of the all-  
171 payer claims database program established under section 19a-755a.

172 (b) Not later than January 1, [2012] 2023, and annually thereafter, the  
173 chief executive officer of the exchange shall report, in accordance with  
174 section 11-4a, to the Governor and the General Assembly on:

175 (1) Any private or federal funds received during the preceding  
176 calendar year and, if applicable, how such funds were expended;

177 (2) The adequacy of federal funds for the exchange prior to January  
178 1, 2015;

179 (3) The amount and recipients of any grants awarded; and

180 (4) The current financial status of the exchange, including, but not  
181 limited to, a detailed account of the expenses of the exchange, such as  
182 marketing, information technology, contractual services and other  
183 administrative costs.

184 (c) Upon the conclusion of the open enrollment period in January  
185 2023, and upon the conclusion of each open enrollment period annually  
186 thereafter, the chief executive officer of the exchange shall submit a  
187 detailed report, in accordance with section 11-4a, to the joint standing  
188 committees of the General Assembly having cognizance of matters  
189 relating to insurance and appropriations and the budgets of state  
190 agencies on a cost benefit analysis of premium and expenses of the  
191 exchange for all commercial members in the exchange."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2022</i>	38a-1083
Sec. 2	<i>October 1, 2022</i>	38a-1089