



General Assembly

Substitute Bill No. 317

February Session, 2024



AN ACT EXPANDING THE COVERED CONNECTICUT PROGRAM.

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

1 Section 1. Section 17b-312 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) The Commissioner of Social Services shall seek, in accordance
4 with the provisions of section 17b-8 and in consultation with the
5 Insurance Commissioner and the Office of Health Strategy established
6 under section 19a-754a, a waiver under Section 1115 of the Social
7 Security Act, as amended from time to time, to [seek] obtain federal
8 funds to support the Covered Connecticut program established under
9 section 19a-754c. Upon approval by the Centers for Medicare and
10 Medicaid Services, the Commissioner of Social Services shall implement
11 the waiver.

12 (b) Not later than thirty days after the effective date of this section,
13 the commissioner shall amend the waiver submitted in accordance with
14 subsection (a) of this section, to the extent permissible under federal law
15 and in accordance with section 17b-8, to provide coverage through the
16 Covered Connecticut program to persons otherwise qualified for the
17 program whose income does not exceed two hundred per cent of the
18 federal poverty level. The commissioner shall consult with the

19 Insurance Commissioner and the executive director of the Office of
20 Health Strategy in submitting the waiver amendment.

21 Sec. 2. (NEW) (*Effective from passage*) (a) Not later than sixty days after
22 the effective date of this section, the Commissioner of Social Services, in
23 consultation with the executive director of the Office of Health Strategy
24 established under section 19a-754a of the general statutes, shall develop
25 a plan for a second tier of the Covered Connecticut program established
26 pursuant to section 19a-754c of the general statutes. The plan shall
27 provide state-assisted health care coverage for persons otherwise
28 qualified for the program whose income exceeds two hundred per cent
29 of the federal poverty level but does not exceed three hundred per cent
30 of the federal poverty level.

31 (b) The plan developed pursuant to subsection (a) of this section may
32 include (1) reduced benefits from the Covered Connecticut program,
33 provided such benefits are in accordance with the requirements of the
34 Patient Protection and Affordable Care Act, P.L. 111-148, as amended
35 by the Health Care and Education Reconciliation Act, P.L. 111-152, as
36 both may be amended from time to time, and regulations adopted
37 thereunder, and (2) income-based copayments by enrollees.

38 (c) The Commissioner of Social Services shall submit the plan
39 developed in accordance with this section to the joint standing
40 committees of the General Assembly having cognizance of matters
41 relating to appropriations and the budgets of state agencies, human
42 services and insurance. Not later than thirty days after the date of their
43 receipt of such plan, the joint standing committees shall hold a public
44 hearing on the plan. At the conclusion of a public hearing held in
45 accordance with the provisions of this section, the joint standing
46 committees shall advise the commissioner of their approval, denial or
47 modifications, if any, of the commissioner's plan. If the joint standing
48 committees advise the commissioner of their denial of the plan, the
49 commissioner shall not implement the plan. If such committees do not
50 concur, the committee chairpersons shall appoint a committee of
51 conference which shall be composed of three members from each joint

52 standing committee. At least one member appointed from each joint
 53 standing committee shall be a member of the minority party. The report
 54 of the committee of conference shall be made to each joint standing
 55 committee, which shall vote to accept or reject the report. The report of
 56 the committee of conference may not be amended. If a joint standing
 57 committee rejects the report of the committee of conference, that joint
 58 standing committee shall notify the commissioner of the rejection and
 59 the commissioner's plan shall be deemed approved. If the joint standing
 60 committees accept the report, the committee having cognizance of
 61 matters relating to appropriations and the budgets of state agencies
 62 shall advise the commissioner of their approval, denial or modifications,
 63 if any, of the commissioner's plan. If the joint standing committees do
 64 not so advise the commissioner during the thirty-day period, the plan
 65 shall be deemed denied. Any implementation of the plan developed
 66 pursuant to this section shall be in accordance with the approval or
 67 modifications, if any, of the joint standing committees of the General
 68 Assembly having cognizance of matters relating to appropriations and
 69 the budgets of state agencies, human services and insurance.

70 (d) To the extent permissible under federal law, the commissioner
 71 may seek approval of a Medicaid waiver in accordance with section 17b-
 72 8 of the general statutes to obtain federal financial participation for the
 73 plan developed pursuant to this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17b-312
Sec. 2	<i>from passage</i>	New section

HS *Joint Favorable Subst. C/R* APP