

General Assembly

Substitute Bill No. 6308

January Session, 2011

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AN ACT ESTABLISHING THE CONNECTICUT HEALTHCARE PARTNERSHIP.

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

- Section 1. (NEW) (*Effective July 1, 2011*) As used in this section and sections 2 to 6, inclusive, of this act:
- 3 (1) "Health Care Cost Containment Committee" means the
- 4 committee established in accordance with the ratified agreement 5 between the state and State Employees' Bargaining Agent Coalition
- 6 pursuant to subsection (f) of section 5-278 of the general statutes.
- 7 (2) "Municipal-related employee" means any employee of a municipal-related employer.
- 9 (3) "Municipal-related employer" means any property management
- 10 business, food service business or school transportation business that
- is a party to a contract with a nonstate public employer.
- 12 (4) "Nonprofit employee" means any employee of a nonprofit 13 employer.
- 14 (5) "Nonprofit employer" means a nonprofit corporation, as defined
- in subparagraph (B) of subdivision (7) of subsection (i) of section 5-259
- 16 of the general statutes.

- 17 (6) "Nonstate public employee" means any employee or elected 18 officer of a nonstate public employer.
- 19 (7) "Nonstate public employer" means a municipality or other 20 political subdivision of the state, including a board of education, quasi-21 public agency or public library.
- 22 (8) "Small employer employee" means any employee of a small employer.
- (9) "Small employer" means any person, firm, corporation, limited 24 25 liability company, partnership or association actively engaged in 26 business or self-employed for at least three consecutive months that, 27 on at least fifty per cent of its working days during the preceding 28 twelve months, employed no more than fifty employees, the majority 29 of whom were employed within this state. "Small employer" does not 30 include a nonstate public employer. In determining the number of 31 eligible employees, companies that are affiliates, as defined in section 32 33-840 of the general statutes, or that are eligible to file a combined tax 33 return under chapter 208 of the general statutes shall be considered 34 one employer.
 - (10) "State employee plan" or "state plan" means a self-insured group health care benefits plan established under subsection (m) of section 5-259 of the general statutes.
 - Sec. 2. (NEW) (Effective July 1, 2011) (a) (1) Notwithstanding the provisions of title 38a of the general statutes, the Comptroller shall offer coverage under the state employee plan to nonstate public employers, municipal-related employers, small employers and nonprofit employers and their respective retirees, if applicable, in accordance with subdivision (2) of this subsection, provided the Comptroller receives an application from any such employer and the application is approved in accordance with sections 3 and 4 of this act.
 - (2) The Comptroller shall offer coverage under the state employee plan to: (A) Nonstate public employers beginning July 1, 2011; (B)

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- 48 municipal-related employers and nonprofit employers beginning 49 January 1, 2012; and (C) small employers beginning July 1, 2012.
- (b) (1) The Comptroller shall offer participation in such plan to nonstate public employers, municipal-related employers, small employers and nonprofit employers for not less than two-year intervals. An employer may apply for renewal prior to the expiration of each interval.
 - (2) The Comptroller shall develop procedures by which:
 - (A) Such employers may apply to participate in the state plan, including procedures for nonstate public employers that are currently self-insured and procedures for nonstate public employers that are currently fully-insured; and
 - (B) Employers receiving coverage for their employees pursuant to the state plan may (i) apply for renewal, or (ii) withdraw from such coverage, including, but not limited to, the terms and conditions under which such employers may withdraw prior to the expiration of the interval and the procedure by which any premium payments such employers may be entitled to shall be refunded. Any such procedures shall provide that nonstate public employees covered by collective bargaining shall withdraw from such coverage in accordance with chapters 113 and 166 of the general statutes.
- (c) (1) The initial open enrollment for nonstate public employers shall be for coverage beginning July 1, 2011. Thereafter, open enrollment for nonstate public employers shall be for coverage periods beginning July first.
- 73 (2) Open enrollment for municipal-related employers, small 74 employers and nonprofit employers shall be for coverage periods 75 beginning January first and July first.
- 76 (d) Nothing in this section and sections 3 to 5, inclusive, of this act 77 shall require the Comptroller to offer coverage to every employer

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- seeking coverage under sections 3 and 4 of this act from every plan offered under the state employee plan.
 - (e) The Comptroller shall create applications for coverage for the purposes of this section and sections 3 and 4 of this act. Such applications shall require an employer to disclose whether the employer will offer any other health plan to the employees who are offered the state plan.
 - (f) No employee shall be enrolled in the state plan if such employee is covered through such employee's employer by health insurance plans or insurance arrangements issued to or in accordance with a trust established pursuant to collective bargaining subject to the federal Labor Management Relations Act.
 - (g) If the Comptroller determines that granting coverage to an employer under the state employee plan will affect such plan's status as a governmental plan under the Employee Retirement Income Security Act of 1974, as amended from time to time, the Comptroller shall not grant coverage to such employer and shall stop accepting applications for coverage from municipal-related employers, nonprofit employers and small employers. The Comptroller shall resume accepting applications for coverage under the state employee plan from such employers if the Comptroller determines that granting coverage to such employers will not affect such plan's status as a governmental plan under the Employee Retirement Income Security Act of 1974, as amended from time to time. The Comptroller shall make a public announcement of the Comptroller's decision to stop or resume accepting applications for coverage under the state employee plan.
- Sec. 3. (NEW) (*Effective July 1, 2011*) (a) Nonstate public employers may join the state employee plan in accordance with this subsection.
 - (1) Notwithstanding any provision of the general statutes, initial participation in the state employee plan by a nonstate public employer shall be a permissive subject of collective bargaining and shall be

subject to binding interest arbitration only if the collective bargaining agent and the employer mutually agree to bargain over such initial participation. Such mutual agreement shall be in writing and signed by authorized representatives of the collective bargaining agent and the employer. Continuation in the state employee plan, after initial participation, shall be a mandatory subject of bargaining and shall be subject to binding interest arbitration in accordance with the same procedures and standards that apply to any other mandatory subject of bargaining pursuant to chapters 68, 113 and 166 of the general statutes. For purposes of this section, a board of education and a municipality shall be considered separate employers and shall submit separate applications.

- (2) (A) If a nonstate public employer submits an application in accordance with this subsection for all of its employees, the Comptroller shall accept such application for the next open enrollment. The Comptroller shall provide written notification to such employer of such acceptance and the date on which such coverage shall begin.
- (B) If a nonstate public employer submits an application for less than all of its employees, or indicates in the application the employer will offer other health plans to employees who are offered the state health plan, the Comptroller shall forward such application to a health care actuary not later than five business days after receiving such application. Such actuary may, not later than sixty days after receiving such application, certify to the Comptroller that the application will shift a significantly disproportional part of such employer's employees' medical risks to the state employee plan, and shall provide in writing the specific reasons for its finding, including a summary of all information relied upon in making such a finding. If the Comptroller receives such certification, the Comptroller shall not provide coverage to such employer and shall provide written notification and the specific reasons for such denial to such employer and the Health Care Cost Containment Committee. If the Comptroller does not receive such certification, the Comptroller shall accept such application for the next open enrollment. The Comptroller shall provide written notification to

- such employer of such acceptance and the date on which such coverage shall begin.
- 146 (C) The Comptroller shall consult with a health care actuary who 147 shall develop actuarial standards to be used to assess the shift in 148 medical risks of an employer's employees to the state employee plan. 149 The Comptroller shall present such standards to the Health Care Cost 150 Containment Committee for its review and evaluation prior to the use 151 of such standards.
- (b) Municipal-related employers, small employers and nonprofit employers may join the state employee plan in accordance with this subsection.
 - (1) If a municipal-related employer, small employer or nonprofit employer submits an application for all of its employees, the Comptroller shall accept such application for the next open enrollment. The Comptroller shall provide written notification to such employer of such acceptance and the date on which such coverage shall begin.
 - (2) If a municipal-related employer, small employer or nonprofit employer submits an application for less than all of its employees, or indicates in the application the employer will offer other health plans to employees who are offered the state health plan, the Comptroller shall forward such application to a health care actuary not later than five business days after receiving such application. Such actuary may, not later than sixty days after receiving such application, certify to the Comptroller that the application will shift a significantly disproportional part of such employer's employees' medical risks to the state employee plan, and shall provide in writing the specific reasons for its finding, including a summary of all information relied upon in making such a finding. If the Comptroller receives such certification, the Comptroller shall not provide coverage to such employer and shall provide written notification and the specific reasons for such denial to such employer and the Health Care Cost Containment Committee. If the Comptroller does not receive such

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- certification, the Comptroller shall accept such application for the next open enrollment. The Comptroller shall provide written notification to such employer of such acceptance and the date on which such coverage shall begin.
- (3) The Comptroller shall consult with a health care actuary who shall develop actuarial standards to be used to assess the shift in medical risks of an employer's employees to the state employee plan.

 The Comptroller shall present such standards to the Health Care Cost Containment Committee for its review and evaluation prior to the use of such standards.
 - (c) If an employer included less than all of its employees in its application for coverage because of (1) the decision by individual employees to decline coverage from their employer for themselves or their dependents, or (2) the employer's decision not to offer coverage to temporary, part-time or durational employees, the Comptroller shall not forward such employer's application to a health care actuary.
 - (d) The Comptroller may adopt regulations, in accordance with chapter 54 of the general statutes, to establish the procedures and criteria for any reviews or evaluations performed by the Health Care Cost Containment Committee pursuant to subparagraph (C) of subdivision (2) of subsection (a) of this section, subdivision (3) of subsection (b) of this section and subdivision (3) of subsection (b) of section 4 of this act.
 - (e) Notwithstanding any provision of the general statutes, the state employee plan shall not be deemed (1) an unauthorized insurer, or (2) a multiple employer welfare arrangement.
 - Sec. 4. (NEW) (*Effective July 1, 2011*) (a) Employers eligible to seek coverage for their employees under the state employee plan, pursuant to sections 2 and 3 of this act, may seek such coverage for their retirees in accordance with this section. Premium payments for such coverage shall be remitted by the employer to the Comptroller in accordance with section 5 of this act.

- (b) (1) If an employer seeks coverage for all of such employer's retirees in accordance with this section and all of such employer's employees in accordance with section 2 of this act, the Comptroller shall accept such application for the next open enrollment. The Comptroller shall provide written notification to such employer of such acceptance and the date on which such coverage shall begin.
- (2) If an employer seeks coverage for less than all of such employer's retirees, regardless of whether the employer is seeking coverage for all of such employer's active employees, the Comptroller shall forward such application to a health care actuary not later than five business days after receiving such application. Such actuary may, not later than sixty days after receiving such application, certify to the Comptroller that, with respect to such retirees, the application will shift a significantly disproportional part of an employer's retirees' medical risks to the state employee plan, and shall provide in writing the specific reasons for its finding, including a summary of all information relied upon in making such a finding. If the Comptroller receives such certification, the Comptroller shall not provide coverage to such employer for such employer's retirees and shall provide written notification and the specific reasons for such denial to such employer and the Health Care Cost Containment Committee. If the Comptroller does not receive such certification, the Comptroller shall accept such application for the next open enrollment. The Comptroller shall provide written notification to such employer of such acceptance and the date on which such coverage shall begin.
- (3) The Comptroller shall consult with a health care actuary who shall develop actuarial standards to be used to assess the shift in medical risks of an employer's retirees to the state employee plan. The Comptroller shall present such standards to the Health Care Cost Containment Committee for its review and evaluation prior to the use of such standards.
- (4) If an employer included less than all of its retirees in its application for coverage because of (A) the decision by individual

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- retirees to decline health benefits or health insurance coverage from their employer for themselves or their dependents, or (B) the retiree's enrollment in Medicare, the Comptroller shall not forward such employer's application to a health care actuary.
 - (c) Nothing in sections 1 to 6, inclusive, of this act shall diminish any right to retiree health insurance pursuant to a collective bargaining agreement or any other provision of the general statutes.
 - Sec. 5. (NEW) (*Effective July 1, 2011*) (a) There is established an account to be known as the "state plan premium account", which shall be a separate, nonlapsing account within the grants and restricted accounts fund. All premiums paid by nonstate public employers, municipal-related employers, small employers and nonprofit employers and their respective employees and retirees for coverage under the state employee plan pursuant to sections 2 to 4, inclusive, of this act shall be deposited into said account. The account shall be administered by the Comptroller for payment of claims.
 - (b) Such premium payments shall be remitted by the employer to the Comptroller and shall be the same as those paid by the state, inclusive of any premiums paid by state employees and retired state employees, if applicable, except as otherwise provided in this section. The Comptroller may charge each employer participating in the state plan an administrative fee calculated on a per member per month basis. In addition, the Comptroller may charge a fluctuating reserves fee the Comptroller deems necessary to ensure adequate claims reserves.
 - (c) The Comptroller may adjust premium rates for small employers to reflect one or more of the characteristics set forth in subparagraph (A) of subdivision (5) of section 38a-567 of the general statutes.
 - (d) Each employer shall pay monthly the amount determined by the Comptroller, pursuant to this section, for coverage of its employees or its employees and retirees, as appropriate, under the state employee plan. An employer may require each covered employee to contribute a

- portion of the cost of such employee's coverage under the plan, subject
 to any collective bargaining obligation applicable to such employer.
 - (e) If any payment due by an employer under this section is not submitted to the Comptroller by the tenth day after the date such payment is due, interest to be paid by such employer shall be added, retroactive to the date such payment was due, at the prevailing rate of interest as determined by the Comptroller.
 - (1) The Comptroller may terminate participation in the state employee plan by a municipal-related employer, small employer or nonprofit employer on the basis of nonpayment of premium, provided at least ten days' advance notice is given to such employer, which may continue the coverage and avoid the effect of the termination by remitting payment in full at any time prior to the effective date of termination.
 - (2) (A) If a nonstate public employer fails to make premium payments as required by this section, the Comptroller may direct the State Treasurer, or any other officer of the state who is the custodian of any moneys made available by grant, allocation or appropriation payable to such nonstate public employer, to withhold the payment of such moneys until the amount of the premium or interest due has been paid to the Comptroller, or until the State Treasurer or such custodial officer determines that arrangements have been made, to the satisfaction of the State Treasurer, for the payment of such premium and interest. Such moneys shall not be withheld if such withholding will adversely affect the receipt of any federal grant or aid in connection with such moneys.
 - (B) If no grant, allocation or appropriation is payable to such nonstate public employer or is not withheld, pursuant to subparagraph (A) of this subdivision, the Comptroller may terminate participation in the state employee plan by a nonstate public employer on the basis of nonpayment of premium, provided at least ten days' advance notice is given to such employer, which may continue the

- coverage and avoid the effect of the termination by remitting payment in full at any time prior to the effective date of termination.
- (3) The Comptroller may request the Attorney General to bring an action in the superior court for the judicial district of Hartford to recover any premium and interest costs or equitable relief from a terminated employer.
- 311 Sec. 6. (NEW) (Effective July 1, 2011) (a) There is established a 312 Nonstate Public Health Care Advisory Committee. The committee 313 shall make advisory recommendations to the Health Care Cost 314 Containment Committee concerning health care coverage for nonstate public employees. The advisory committee shall consist of nonstate 315 316 public employers and employees participating in the state plan and 317 shall include the following members appointed by the Comptroller: (1) 318 Three municipal employer representatives, one of whom represents 319 towns with populations of one hundred thousand or more, one of 320 whom represents towns with populations of at least twenty thousand 321 but under one hundred thousand, and one of whom represents towns 322 with populations under twenty thousand; (2) three municipal 323 employee representatives, one of whom represents employees in 324 towns with populations of one hundred thousand or more, one of 325 whom represents employees in towns with populations of at least 326 twenty thousand but under one hundred thousand, and one of whom 327 represents employees in towns with populations under twenty 328 thousand; (3) three board of education employers, one of whom 329 represents towns with populations of one hundred thousand or more, 330 one of whom represents towns with populations of at least twenty 331 thousand but under one hundred thousand, and one of whom 332 represents towns with populations under twenty thousand; and (4) 333 three board of education employee representatives, one of whom 334 represents towns with populations of one hundred thousand or more, 335 one of whom represents towns with populations of at least twenty 336 thousand but under one hundred thousand, and one of whom 337 represents towns with populations under twenty thousand.

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- (b) There is established a Private Sector Health Care Advisory Committee. The committee shall make advisory recommendations to the Health Care Cost Containment Committee concerning health care coverage for private sector employees. The advisory committee shall consist of municipal-related employers, small employers and nonprofit employers and their respective employees participating in the state plan and shall include the following members appointed by the Comptroller: (1) Two municipal-related employer representatives; (2) two municipal-related employee representatives; (3) two small employer representatives; (4) two small employer employee representatives; (5) two nonprofit employer representatives; and (6) two nonprofit employee representatives.
- Sec. 7. (NEW) (Effective July 1, 2011) The Comptroller may adopt regulations, in accordance with chapter 54 of the general statutes, to implement and administer the state employee plan and the provisions of sections 1 to 6, inclusive, of this act. The Comptroller may implement policies and procedures necessary to administer the provisions of sections 1 to 6, inclusive, of this act while in the process of adopting such policies and procedures as regulation, provided the Comptroller prints notice of intent to adopt regulations in the Connecticut Law Journal not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted.
- Sec. 8. (NEW) (*Effective from passage*) The Comptroller shall not offer coverage under the state employee plan pursuant to sections 2 to 5, inclusive, of this act until the State Employees' Bargaining Agent Coalition has provided its written consent to the clerks of both houses of the General Assembly to incorporate the terms of sections 1 to 6, inclusive, of this act into its collective bargaining agreement.
- Sec. 9. Subparagraph (B) of subdivision (4) of section 38a-564 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2011*):

(B) "Small employer" does not include (i) a municipality procuring health insurance pursuant to section 5-259, (ii) a private school in this state procuring health insurance through a health insurance plan or an insurance arrangement sponsored by an association of such private schools, (iii) a nonprofit organization procuring health insurance pursuant to subsection (i) of section 5-259, unless the Secretary of the Office of Policy and Management and the State Comptroller make a request in writing to the Insurance Commissioner that such nonprofit organization be deemed a small employer for the purposes of this chapter, (iv) an association for personal care assistants procuring health insurance pursuant to section 5-259, or (v) a community action agency procuring health insurance pursuant to section 5-259.

This act shall take effect as follows and shall amend the following					
sections:					
Section 1	July 1, 2011	New section			
Sec. 2	July 1, 2011	New section			
Sec. 3	July 1, 2011	New section			
Sec. 4	July 1, 2011	New section			
Sec. 5	July 1, 2011	New section			
Sec. 6	July 1, 2011	New section			
Sec. 7	July 1, 2011	New section			
Sec. 8	from passage	New section			
Sec. 9	July 1, 2011	38a-564(4)(B)			

INS	Joint Favorable Subst. C/R	LAB
LAB	Joint Favorable C/R	PD
PD	Joint Favorable SubstLCO	
APP	Joint Favorable	
FIN	Joint Favorable	
GAE	Joint Favorable	