



General Assembly

February Session, 2014

**Raised Bill No. 276**

LCO No. 1040



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:  
(INS)

**AN ACT REQUIRING THE CONNECTICUT HEALTH INSURANCE EXCHANGE TO REPORT CERTAIN DATA AND CONDUCT CRIMINAL HISTORY RECORDS CHECKS.**

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

1 Section 1. Section 38a-1092 of the 2014 supplement to the general  
2 statutes is repealed and the following is substituted in lieu thereof  
3 (*Effective July 1, 2014*):

4 (a) (1) Not later than March 31, 2014, and quarterly thereafter, the  
5 [Connecticut Health Insurance Exchange board of directors,  
6 established pursuant to section 38a-1081,] board shall report to the  
7 joint standing committees of the General Assembly having cognizance  
8 of matters relating to public health, human services and insurance  
9 concerning health care services provided through the exchange. Such  
10 reports shall include: [(1)] (A) The number of persons in households  
11 with incomes from one hundred thirty-three per cent up to one  
12 hundred fifty per cent of the federal poverty level who were enrolled  
13 in a qualified health plan at any time on or after January 1, 2014; [(2)]  
14 (B) the number of persons in households with incomes from one

15 hundred fifty per cent up to and including two hundred per cent of the  
16 federal poverty level who were enrolled in a qualified health plan at  
17 any time on and after January 1, 2014; [(3)] (C) the number of persons  
18 in households with incomes from one hundred thirty-three per cent up  
19 to and including two hundred per cent of the federal poverty level  
20 who have been continuously enrolled in a qualified health plan during  
21 the current calendar year; [(4)] (D) the number of persons in  
22 households with incomes from one hundred thirty-three per cent up to  
23 and including two hundred per cent of the federal poverty level who  
24 were enrolled in a qualified health plan and who subsequently became  
25 eligible to receive benefits under the Medicaid program or whose  
26 household income increased to more than two hundred per cent of the  
27 federal poverty level; [(5)] (E) the number of persons in households  
28 with incomes from one hundred thirty-three per cent up to and  
29 including two hundred per cent of the federal poverty level who  
30 experienced a gap in health care coverage; [(6)] (F) the cost to the state  
31 of providing health care services to persons identified in subparagraph  
32 (E) of this subdivision [(5) of this subsection] and the cost to such  
33 persons to access health care coverage through the exchange; [(7)] (G)  
34 the cost of the second-lowest-priced silver premium plan in the  
35 exchange; and [(8)] (H) any other information that said board believes  
36 would be necessary to allow said committees to evaluate the cost and  
37 benefits of a basic health plan.

38 [(b)] (2) The [Connecticut Health Insurance Exchange board of  
39 directors] board shall include in the first quarterly report submitted  
40 each year to said committees in accordance with [subsection (a) of this  
41 section] subdivision (1) of this subsection, the number of persons in  
42 households with incomes from one hundred thirty-three up to and  
43 including two hundred per cent of the federal poverty level who were  
44 enrolled in a qualified health plan at the end of the previous calendar  
45 year.

46 (b) Not later than July 31, 2014, and monthly thereafter, the board  
47 shall report to the joint standing committees of the General Assembly

48 having cognizance of matters relating to public health, human services  
49 and insurance concerning health care services provided through the  
50 exchange. Such reports shall include: (1) The number of individuals  
51 who enrolled in Medicaid in the prior month through the exchange; (2)  
52 the number of individuals who enrolled in a qualified health plan in  
53 the prior month through the exchange and which plans such  
54 individuals selected; (3) whether each individual reported enrolled  
55 under subdivision (1) or (2) of this subsection was insured  
56 immediately prior to such enrollment and if so, the source of such  
57 insurance; and (4) the number of individuals enrolled in the prior  
58 month through the exchange who were eligible for a federal subsidy.

59 (c) Not later than September 30, 2014, and quarterly thereafter, the  
60 board shall report to the joint standing committees of the General  
61 Assembly having cognizance of matters relating to public health,  
62 human services and insurance concerning the status of the exchange's  
63 data privacy protections and the exchange's success rate in ensuring  
64 that personally identifiable information is not released and that the  
65 disclosure of information pursuant to sections 38a-1090 and 38a-1091 is  
66 performed in accordance with said sections.

67 (d) The reports required under subsections (a) to (c), inclusive, of  
68 this section, may be combined, where applicable.

69 Sec. 2. Subsection (e) of section 38a-1081 of the 2014 supplement to  
70 the general statutes is amended by adding subdivision (5) as follows  
71 (*Effective July 1, 2014*):

72 (NEW) (5) The board shall require the following to submit to state  
73 and national criminal history records checks in accordance with  
74 section 29-17a, the costs of which shall be borne by the exchange: (A)  
75 Any applicant for employment with the exchange; (B) any individual  
76 under a contract or agreement with the exchange who will have access  
77 to personal information of individuals, families or small employers,  
78 seeking coverage through the exchange; and (C) any trained and

79 certified individual or employee of an institution, who has been  
80 awarded a grant from the exchange pursuant to subdivision (16) of  
81 section 38a-1083, and will assist individuals, families and small  
82 employers and their employees to enroll in coverage through the  
83 exchange.

84 Sec. 3. Section 38a-1080 of the 2014 supplement to the general  
85 statutes is repealed and the following is substituted in lieu thereof  
86 (*Effective July 1, 2014*):

87 For purposes of sections 38a-1080 to [38a-1091] 38a-1092, inclusive,  
88 as amended by this act:

89 (1) "Board" means the board of directors of the Connecticut Health  
90 Insurance Exchange;

91 (2) "Commissioner" means the Insurance Commissioner;

92 (3) "Exchange" means the Connecticut Health Insurance Exchange  
93 established pursuant to section 38a-1081;

94 (4) "Affordable Care Act" means the Patient Protection and  
95 Affordable Care Act, P.L. 111-148, as amended by the Health Care and  
96 Education Reconciliation Act, P.L. 111-152, as both may be amended  
97 from time to time, and regulations adopted thereunder;

98 (5) (A) "Health benefit plan" means an insurance policy or contract  
99 offered, delivered, issued for delivery, renewed, amended or  
100 continued in the state by a health carrier to provide, deliver, pay for or  
101 reimburse any of the costs of health care services.

102 (B) "Health benefit plan" does not include:

103 (i) Coverage of the type specified in subdivisions (5), (6), (7), (8), (9),  
104 (14), (15) and (16) of section 38a-469 or any combination thereof;

105 (ii) Coverage issued as a supplement to liability insurance;

106 (iii) Liability insurance, including general liability insurance and  
107 automobile liability insurance;

108 (iv) Workers' compensation insurance;

109 (v) Automobile medical payment insurance;

110 (vi) Credit insurance;

111 (vii) Coverage for on-site medical clinics; or

112 (viii) Other similar insurance coverage specified in regulations  
113 issued pursuant to the Health Insurance Portability and Accountability  
114 Act of 1996, P.L. 104-191, as amended from time to time, under which  
115 benefits for health care services are secondary or incidental to other  
116 insurance benefits.

117 (C) "Health benefit plan" does not include the following benefits if  
118 they are provided under a separate insurance policy, certificate or  
119 contract or are otherwise not an integral part of the plan:

120 (i) Limited scope dental or vision benefits;

121 (ii) Benefits for long-term care, nursing home care, home health  
122 care, community-based care or any combination thereof; or

123 (iii) Other similar, limited benefits specified in regulations issued  
124 pursuant to the Health Insurance Portability and Accountability Act of  
125 1996, P.L. 104-191, as amended from time to time;

126 (iv) Other supplemental coverage, similar to coverage of the type  
127 specified in subdivisions (9) and (14) of section 38a-469, provided  
128 under a group health plan.

129 (D) "Health benefit plan" does not include coverage of the type  
130 specified in subdivisions (3) and (13) of section 38a-469 or other fixed  
131 indemnity insurance if (i) such coverage is provided under a separate  
132 insurance policy, certificate or contract, (ii) there is no coordination

133 between the provision of the benefits and any exclusion of benefits  
134 under any group health plan maintained by the same plan sponsor,  
135 and (iii) the benefits are paid with respect to an event without regard  
136 to whether benefits were also provided under any group health plan  
137 maintained by the same plan sponsor;

138 (6) "Health care services" has the same meaning as provided in  
139 section 38a-478;

140 (7) "Health carrier" means an insurance company, fraternal benefit  
141 society, hospital service corporation, medical service corporation  
142 health care center or other entity subject to the insurance laws and  
143 regulations of the state or the jurisdiction of the commissioner that  
144 contracts or offers to contract to provide, deliver, pay for or reimburse  
145 any of the costs of health care services;

146 (8) "Internal Revenue Code" means the Internal Revenue Code of  
147 1986, or any subsequent corresponding internal revenue code of the  
148 United States, as amended from time to time;

149 (9) "Person" has the same meaning as provided in section 38a-1;

150 (10) "Qualified dental plan" means a limited scope dental plan that  
151 has been certified in accordance with subsection (e) of section 38a-1086;

152 (11) "Qualified employer" has the same meaning as provided in  
153 Section 1312 of the Affordable Care Act;

154 (12) "Qualified health plan" means a health benefit plan that has in  
155 effect a certification that the plan meets the criteria for certification  
156 described in Section 1311(c) of the Affordable Care Act and section  
157 38a-1086;

158 (13) "Qualified individual" has the same meaning as provided in  
159 Section 1312 of the Affordable Care Act;

160 (14) "Secretary" means the Secretary of the United States

161 Department of Health and Human Services;

162 (15) "Small employer" has the same meaning as provided in section

163 38a-564.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2014</i>	38a-1092
Sec. 2	<i>July 1, 2014</i>	38a-1081(e)
Sec. 3	<i>July 1, 2014</i>	38a-1080

**Statement of Purpose:**

To require the Connecticut Health Insurance Exchange to report certain data to the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services and insurance and to require the exchange to run criminal history records checks for employment applicants or certain individuals and entities doing business with the exchange.

*[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.]*