



General Assembly

January Session, 2015

**Governor's Bill No. 955**

LCO No. 3801



Referred to Committee on PUBLIC HEALTH

Introduced by:

SEN. LOONEY, 11<sup>th</sup> Dist.

SEN. DUFF, 25<sup>th</sup> Dist.

REP. SHARKEY, 88<sup>th</sup> Dist.

REP. ARESIMOWICZ, 30<sup>th</sup> Dist.

**AN ACT IMPLEMENTING PROVISIONS OF THE BUDGET  
CONCERNING PUBLIC HEALTH.**

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

1 Section 1. (NEW) (*Effective July 1, 2015*) (a) Not later than September  
2 first, annually, the Secretary of the Office of Policy and Management,  
3 in consultation with the Commissioner of Public Health, shall (1)  
4 determine the amounts appropriated for the needle and syringe  
5 exchange program, AIDS services, breast and cervical cancer detection  
6 and treatment, x-ray screening and tuberculosis care, and venereal  
7 disease control; and (2) inform the Insurance Commissioner of such  
8 amounts.

9 (b) (1) As used in this section: (A) "Health insurance" means health  
10 insurance of the types specified in subdivisions (1), (2), (4), (11) and  
11 (12) of section 38a-469 of the general statutes; and (B) "health care

12 center" has the same meaning as provided in section 38a-175 of the  
13 general statutes.

14 (2) Each domestic insurer or health care center doing health  
15 insurance business in this state shall annually pay to the Insurance  
16 Commissioner, for deposit in the Insurance Fund established under  
17 section 38a-52a of the general statutes, a public health fee assessed by  
18 the Insurance Commissioner pursuant to this section.

19 (3) Not later than September first, annually, each such insurer or  
20 health care center shall report to the Insurance Commissioner, in the  
21 form and manner prescribed by said commissioner, the number of  
22 insured or enrolled lives in this state as of May first immediately  
23 preceding the date for which such insurer or health care center is  
24 providing health insurance that provides coverage of the types  
25 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of  
26 the general statutes. Such number shall not include lives enrolled in  
27 Medicare, any medical assistance program administered by the  
28 Department of Social Services, workers' compensation insurance or  
29 Medicare Part C plans.

30 (c) Not later than November first, annually, the Insurance  
31 Commissioner shall determine the fee to be assessed for the current  
32 fiscal year against each such insurer and health care center. Such fee  
33 shall be calculated by multiplying the number of lives reported to said  
34 commissioner pursuant to subdivision (3) of subsection (b) of this  
35 section by a factor, determined annually by said commissioner as set  
36 forth in this subsection, to fully fund the aggregate amount determined  
37 under subsection (a) of this section. The Insurance Commissioner shall  
38 determine the factor by dividing the aggregate amount by the total  
39 number of lives reported to said commissioner pursuant to subdivision  
40 (3) of subsection (b) of this section.

41 (d) Not later than December first, annually, the Insurance  
42 Commissioner shall submit a statement to each such insurer and health

43 care center that includes the proposed fee, identified on such statement  
44 as the "Public Health fee", for the insurer or health care center,  
45 calculated in accordance with this section. Not later than December  
46 twentieth, annually, any insurer or health care center may submit an  
47 objection to the Insurance Commissioner concerning the proposed  
48 public health fee. The Insurance Commissioner, after making any  
49 adjustment that said commissioner deems necessary, shall, not later  
50 than January first, annually, submit a final statement to each insurer  
51 and health care center that includes the final fee for the insurer or  
52 health care center. Each such insurer and health care center shall pay  
53 such fee to the Insurance Commissioner not later than February first,  
54 annually.

55 (e) Any such insurer or health care center aggrieved by an  
56 assessment levied under this section may appeal therefrom in the same  
57 manner as provided for appeals under section 38a-52 of the general  
58 statutes.

59 Sec. 2. Subsection (a) of section 19a-55 of the general statutes is  
60 repealed and the following is substituted in lieu thereof (*Effective July*  
61 *1, 2015*):

62 (a) The administrative officer or other person in charge of each  
63 institution caring for newborn infants shall cause to have administered  
64 to every such infant in its care an HIV-related test, as defined in section  
65 19a-581, a test for phenylketonuria and other metabolic diseases,  
66 hypothyroidism, galactosemia, sickle cell disease, maple syrup urine  
67 disease, homocystinuria, biotinidase deficiency, congenital adrenal  
68 hyperplasia and such other tests for inborn errors of metabolism as  
69 shall be prescribed by the Department of Public Health. The tests shall  
70 be administered as soon after birth as is medically appropriate. If the  
71 mother has had an HIV-related test pursuant to section 19a-90 or 19a-  
72 593, the person responsible for testing under this section may omit an  
73 HIV-related test. The Commissioner of Public Health shall (1)  
74 administer the newborn screening program, (2) direct persons

75 identified through the screening program to appropriate specialty  
76 centers for treatments, consistent with any applicable confidentiality  
77 requirements, and (3) set the fees to be charged to institutions to cover  
78 all expenses of the comprehensive screening program including  
79 testing, tracking and treatment. The fees to be charged pursuant to  
80 subdivision (3) of this subsection shall be set at a minimum of [fifty-  
81 six] ninety-eight dollars. The Commissioner of Public Health shall  
82 publish a list of all the abnormal conditions for which the department  
83 screens newborns under the newborn screening program, which shall  
84 include screening for amino acid disorders, organic acid disorders and  
85 fatty acid oxidation disorders, including, but not limited to, long-chain  
86 3-hydroxyacyl CoA dehydrogenase (L-CHAD) and medium-chain  
87 acyl-CoA dehydrogenase (MCAD).

88 Sec. 3. Sections 19a-490t and 38a-1051 of the general statutes are  
89 repealed. (*Effective July 1, 2015*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2015</i>	New section
Sec. 2	<i>July 1, 2015</i>	19a-55(a)
Sec. 3	<i>July 1, 2015</i>	Repealer 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.]*