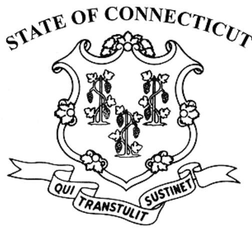

Senate

General Assembly

File No. 526

January Session, 2021

Substitute Senate Bill No. 1090

Senate, April 19, 2021

The Committee on Human Services reported through SEN. MOORE of the 22nd Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT ESTABLISHING A COMMISSION TO STUDY A HUSKY FOR ALL SINGLE PAYER, UNIVERSAL HEALTH CARE PROGRAM.

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

1 Section 1. (*Effective July 1, 2021*) (a) As used in this section, "HUSKY
2 for All Single Payer, Universal Health Care Program" means a single
3 payer, universal health care program that: (1) Eliminates duplicative
4 health insurance programs and resulting duplicative costs to the extent
5 permissible under state and federal law; (2) consolidates oversight,
6 payment and risk under one public or quasi-public entity; (3) eliminates
7 coverage limits and cost sharing requirements, including, but not
8 limited to, (A) deductibles, (B) copayments, and (C) coinsurance; (4)
9 incorporates prescription drug price controls; and (5) establishes
10 budgets and payment systems for hospitals for overnight care and a
11 uniform fee schedule for health care providers not providing overnight
12 care.

13 (b) There is established a commission to study establishing a HUSKY
14 for All Single Payer, Universal Health Care Program in the state. The

15 commission shall contract with an independent person or entity for an
16 economic analysis of establishing such program. Such person or entity
17 shall have completed not less than two such economic analyses of
18 establishing a single payer, universal health care program on the state
19 or federal level.

20 (c) The commission shall be composed of:

21 (1) The executive director of the Office of Health Strategy, established
22 pursuant to section 19a-754a of the general statutes, or the executive
23 director's designee;

24 (2) The chief executive officer of the Connecticut Health Insurance
25 Exchange, established pursuant to section 38a-1081 of the general
26 statutes, or the chief executive officer's designee;

27 (3) The chairperson of the Council on Medical Assistance Program
28 Oversight, established pursuant to section 17b-28 of the general statutes,
29 or the chairperson's designee;

30 (4) The Healthcare Advocate, appointed pursuant to section 38a-1042
31 of the general statutes, or the Healthcare Advocate's designee;

32 (5) The chairpersons of the Behavioral Health Partnership Oversight
33 Council, established pursuant to section 17a-22j of the general statutes,
34 or their designees;

35 (6) The chairpersons of the joint standing committees of the General
36 Assembly having cognizance of matters relating to human services,
37 insurance, labor and public health, or their designees;

38 (7) At least four health care consumers appointed by the chairpersons
39 of the joint standing committees of the General Assembly having
40 cognizance of matters relating to human services, insurance, labor and
41 public health and at least two health care consumers appointed by the
42 ranking members of said committees, including, but not limited to,
43 persons who have (A) collected unemployment within the two-year
44 period preceding July 1, 2021, (B) been without health insurance for at

45 least three months within the two-year period preceding July 1, 2021,
46 (C) obtained insurance through the Consolidated Omnibus Budget
47 Reconciliation Act, or COBRA, due to circumstances including a
48 voluntary or involuntary job loss within the two-year period preceding
49 July 1, 2021, (D) filed an individual income tax return itemizing medical
50 expenses in the five-year period preceding July 1, 2021, (E) ever been
51 ineligible to buy health insurance through the Connecticut Health
52 Insurance Exchange, or (F) been without health insurance and lack legal
53 immigration status;

54 (8) The Insurance Commissioner and the Commissioner of Social
55 Services, or their designees;

56 (9) The chief executive officer of the Connecticut Hospital
57 Association, or the chief executive officer's designee;

58 (10) The president of the Connecticut State Medical Society, or the
59 president's designee;

60 (11) Two providers of medical services under the medical assistance
61 program and two persons who receive such services under the program,
62 appointed by the chairperson of the Council on Medical Assistance
63 Program Oversight;

64 (12) One representative each from Health Equity Solutions and
65 United States of Care, appointed by the executive director of the Office
66 of Health Strategy;

67 (13) Two representatives of the private health insurance industry,
68 appointed by the executive director of the Office of Health Strategy in
69 consultation with the president of the Connecticut Association of Health
70 Plans;

71 (14) Two representatives of labor unions representing employees
72 who work in health care fields and one representative each from the
73 Service Employees International Union and United Electrical Radio and
74 Machine Workers of America, Local 222, appointed by the executive
75 director of the Office of Health Strategy;

76 (15) Two persons from academia with expertise in economics or
77 health insurance, or both, appointed by the executive director of the
78 Office of Health Strategy, provided such persons shall not be among the
79 independent persons contracting with the commission to produce an
80 economic analysis of establishing a HUSKY for All Single Payer,
81 Universal Health Care Program;

82 (16) One representative from a community health center appointed
83 by the executive director of the Office of Health Strategy;

84 (17) One representative from HealthCare Now appointed by the
85 executive director of the Office of Health Strategy;

86 (18) The executive director of the Commission on Women, Children,
87 Seniors, Equity and Opportunity, or the executive director's designee;
88 and

89 (19) Two representatives of nonprofit organizations that provide
90 direct legal representation to low-income Medicaid enrollees.

91 (d) The commission shall meet not later than thirty days after the
92 effective date of this section. The executive director of the Office of
93 Health Strategy, or the executive director's designee, shall serve as a
94 chairperson of the commission and a second chairperson shall be chosen
95 by the commission from among the members of the commission. The
96 joint committee on legislative management shall provide administrative
97 support to the commission. Any vacancies shall be filled by the
98 appointing authority. If another appointing authority does not fill a
99 vacancy within thirty days, the executive director of the Office of Health
100 Strategy shall fill the vacancy.

101 (e) The commission shall study:

102 (1) Current health care spending, including, but not limited to: (A)
103 State costs for the medical assistance program, (B) state costs for the
104 Connecticut Health Insurance Exchange, (C) average individual
105 consumer monthly health care costs for (i) participation in medical
106 assistance programs requiring cost sharing by a participant, (ii)

107 premiums and out-of-pocket costs for participants in the Connecticut
108 Health Insurance Exchange, (iii) premiums and out-of-pocket costs for
109 private health insurance plans, and (iv) premiums and out-of-pocket
110 costs for Medicare supplement plans, Medicare health maintenance
111 organization plans and Medicare drug plans, (D) the costs for
112 municipalities for both employees and retirees, and (E) the costs for
113 small businesses and independent contractors.

114 (2) Sources of current health care financing, including, but not limited
115 to: (A) Federal cost sharing for the medical assistance program, (B)
116 employer and employee costs for private health insurance, (C) federal
117 cost sharing for the Medicare program, and (D) participant cost sharing
118 under the medical assistance program or the Medicare program.

119 (3) A financing methodology for a HUSKY for All Single Payer,
120 Universal Health Care Program, including, but not limited to, whether
121 such program should be financed, in part, through taxation on
122 employers and employees.

123 (4) An economic analysis of establishing a HUSKY for All Single
124 Payer, Universal Health Care Program, including, but not limited to, a
125 comparison of: (A) State costs for the medical assistance program and
126 oversight by the Insurance Department of private health care insurance
127 and state costs under a HUSKY for All Single Payer, Universal Health
128 Care Program, (B) consumer costs for private health care insurance and
129 consumer costs under a HUSKY for All Single Payer, Universal Health
130 Care Program, including any costs if the program is covered in part by
131 taxation of a consumer, (C) employer and employee costs for private
132 health care insurance and employer and employee costs if a HUSKY for
133 All Single Payer, Universal Health Care Program is covered in part by
134 taxation of an employer and an employee, and (D) participant cost
135 sharing for medical assistance programs or Medicare and costs for such
136 consumers under a HUSKY for All Single Payer, Universal Health Care
137 Program.

138 (5) Provider payment rates under the medical assistance program,
139 Medicare program and the private health insurance market and

140 recommendations for provider payment rates under a HUSKY for All
141 Single Payer, Universal Health Care Program.

142 (6) The number of residents who are without health insurance or who
143 are underinsured under the current health care coverage programs and
144 the number of persons estimated to be without health insurance or
145 underinsured under a HUSKY for All Single Payer, Universal Health
146 Care Program.

147 (7) What entity, or entities, should oversee a HUSKY for All Single
148 Payer, Universal Health Care Program.

149 (8) A timeline for adoption of a HUSKY for All Single Payer,
150 Universal Health Care Program, including, but not limited to, (A)
151 implementing any financing methodology to fund such program, (B)
152 eliminating the oversight of any agencies or offices currently overseeing
153 health care coverage, and (C) creation of new oversight entities.

154 (9) The impact of a single payer, universal health care system on the
155 labor market, including, but not limited to, (A) the ability of employees
156 to move from job to job without the consideration of employer-
157 sponsored health care benefits, and (B) the impact on current employees
158 of the private, for-profit health insurance industry transitioning to new
159 employment under a HUSKY for All Single Payer, Universal Health
160 Care Program.

161 (10) The impact of a HUSKY for All Single Payer, Universal Health
162 Care Program on achieving racial equity in access to quality, affordable
163 health care, including, but not limited to, analyses of the program's
164 potential impact on (A) disparities in insurance coverage by race and
165 ethnicity, and (B) barriers for people of color to (i) health insurance
166 enrollment, and (ii) utilization of health insurance.

167 (11) The impact of a HUSKY for All Single Payer, Universal Health
168 Care Program on existing Medicaid enrollees.

169 (12) Best practices from efforts in other states and jurisdictions to
170 promote health care affordability and universal health insurance

171 coverage.

172 (f) Not later than January 1, 2022, the commission shall report, in
173 accordance with the provisions of section 11-4a of the general statutes,
174 on the results of its study to the Office of Health Strategy and the joint
175 standing committees of the General Assembly having cognizance of
176 matters relating to human services, insurance, labor, public health and
177 finance, revenue and bonding. The commission shall dissolve on the
178 date such report is submitted, or on January 1, 2022, whichever is later

This act shall take effect as follows and shall amend the following sections:		
Section 1	*July 1, 2021*	New section

Statement of Legislative Commissioners:
In Section 1(b), " such program provided such person or entity has" was changed to "such program. Such person or entity shall have" for clarity, and in Section 1(d), the last two sentences were redrafted for clarity and to eliminate redundancy.

HS *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 22 $	FY 23 $
Office of Health Strategy	GF - Cost	up to $250,000	None

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill establishes a commission to study establishing a HUSKY for All Single Payer, Universal Health Care Program, with administrative support provided by the joint committee on legislative management. The bill requires the commission to contract with an independent person or entity for an economic analysis of establishing such program. Based on Office of Health Strategy (OHS) contract costs for similar scope analyses, the contract could result in an associated cost to OHS of up to $250,000. The commission must report study results by January 1, 2022.

The Out Years

There is no out-year impact as the bill requires the commission to dissolve by January 1, 2022.

OLR Bill Analysis
sSB 1090

AN ACT ESTABLISHING A COMMISSION TO STUDY A HUSKY FOR ALL SINGLE PAYER, UNIVERSAL HEALTH CARE PROGRAM.

SUMMARY

The Office of Legislative Research does not analyze Special Acts.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute
Yea 13 Nay 6 (04/01/2021)