



General Assembly

January Session, 2021

**Raised Bill No. 909**

LCO No. 2733



Referred to Committee on HUMAN SERVICES

Introduced by:  
(HS)

**AN ACT CONCERNING CHANGES TO THE HUSKY B PROGRAM.**

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

1 Section 1. Subsection (a) of section 17b-295 of the general statutes is  
2 repealed and the following is substituted in lieu thereof (*Effective from*  
3 *passage*):

4 (a) The commissioner shall impose cost-sharing requirements,  
5 including the payment of a premium or copayment, in connection with  
6 services provided under HUSKY B, to the extent permitted by federal  
7 law. Copayments under HUSKY B shall [be the same as] not exceed  
8 those in effect for active state employees enrolled in a point-of-  
9 enrollment health care plan, provided the household's annual combined  
10 premiums and copayments do not exceed the maximum annual  
11 aggregate cost-sharing requirement. The cost-sharing requirements  
12 imposed by the commissioner shall be in accordance with the following  
13 limitations:

14 (1) The commissioner may increase the maximum annual aggregate  
15 cost-sharing requirements, provided such cost-sharing requirements

16 shall not exceed five per cent of the household's gross annual income.

17 (2) In accordance with federal law, the commissioner may impose a  
18 premium requirement on households whose income exceeds two  
19 hundred forty-nine per cent of the federal poverty level as a component  
20 of the household's cost-sharing responsibility and, for the fiscal years  
21 ending June 30, 2012, to June 30, 2016, inclusive, may annually increase  
22 the premium requirement based on the percentage increase in the  
23 Consumer Price Index for medical care services; and

24 (3) The commissioner shall monitor copayments and premiums  
25 under the provisions of subdivision (1) of this subsection.

26 Sec. 2. Section 17b-266 of the general statutes is repealed and the  
27 following is substituted in lieu thereof (*Effective from passage*):

28 (a) The Commissioner of Social Services may, when the commissioner  
29 finds it to be in the public interest, fund part or all of the cost of benefits  
30 to any recipient under sections 17b-260 to 17b-262, inclusive, 17b-264 to  
31 17b-285, inclusive, 17b-357 to 17b-361, inclusive, 17b-290, as amended  
32 by this act, 17b-292, [17b-294a,] 17b-295, as amended by this act, 17b-  
33 297a, 17b-297b and 17b-300 through the purchase of insurance from any  
34 organization authorized to do a health insurance business in this state  
35 or from any organization specified in subsection (b) of this section.

36 (b) The Commissioner of Social Services may require recipients of  
37 Medicaid or other public assistance to receive medical care on a  
38 prepayment or per capita basis, in accordance with federal law and  
39 regulations, if such prepayment is anticipated to result in lower medical  
40 assistance costs to the state. The commissioner may enter into contracts  
41 for the provision of comprehensive health care on a prepayment or per  
42 capita basis in accordance with federal law and regulations, with the  
43 following: (1) A health care center subject to the provisions of chapter  
44 698a; (2) a consortium of federally qualified community health centers  
45 and other community-based providers of health services which are  
46 funded by the state; (3) other consortia of providers of health care  
47 services established for the purposes of this subsection; or (4) an

48 integrated service network providing care management and  
49 comprehensive health care on a prepayment or per capita basis to  
50 elderly and disabled recipients of Medicaid who may also be eligible for  
51 Medicare.

52 (c) Providers of comprehensive health care services as described in  
53 subdivisions (2), (3) and (4) of subsection (b) of this section shall not be  
54 subject to the provisions of chapter 698a or, in the case of an integrated  
55 service network, sections 17b-239 to 17b-245, inclusive, 17b-281, 17b-340,  
56 17b-342 and 17b-343. Any such provider shall be certified by the  
57 Commissioner of Social Services in accordance with criteria established  
58 by the commissioner, including, but not limited to, minimum reserve  
59 fund requirements.

60 (d) The commissioner shall pay all capitation claims which would  
61 otherwise be reimbursed to the health plans described in subsection (b)  
62 of this section in May, 2010, no later than June 30, 2010. Each subsequent  
63 payment made by the commissioner to such health plans for capitation  
64 claims due shall be made in the second month following the month to  
65 which the capitation applies.

66 (e) On or after May 1, 2000, the payment to the Commissioner of  
67 Social Services of (1) any monetary sanction imposed by the  
68 commissioner on a managed care organization under the provisions of  
69 a contract between the commissioner and such organization entered  
70 into pursuant to this section or sections 17b-290, as amended by this act,  
71 17b-292, [17b-294a,] 17b-295, 17b-297a, 17b-297b and 17b-300, or (2) any  
72 sum agreed upon by the commissioner and such an organization as  
73 settlement of a claim brought by the commissioner or the state against  
74 such an organization for failure to comply with the terms of a contract  
75 with the commissioner or fraud affecting the Department of Social  
76 Services shall be deposited in an account designated for use by the  
77 department for expenditures for children's health programs and  
78 services.

79 Sec. 3. Section 17b-290 of the general statutes is repealed and the

80 following is substituted in lieu thereof (*Effective from passage*):

81 As used in this section and sections 17b-292, [17b-294a,] 17b-295, as  
82 amended by this act, 17b-297a, 17b-297b and 17b-300:

83 (1) "Applicant" means an individual over the age of eighteen years  
84 who is a natural or adoptive parent, a legal guardian, a caretaker  
85 relative, foster parent or stepparent with whom the child resides and  
86 shall include a child who is eighteen years of age or emancipated in  
87 accordance with the provisions of sections 46b-150 to 46b-150e,  
88 inclusive, and who is applying on his own behalf or on behalf of a minor  
89 dependent for coverage under such plan;

90 (2) "Child" means an individual under nineteen years of age;

91 (3) "Coinsurance" means the sharing of health care expenses by the  
92 insured and an insurer in a specified ratio;

93 (4) "Commissioner" means the Commissioner of Social Services;

94 (5) "Copayment" means a payment made on behalf of a member for a  
95 specified service under HUSKY B;

96 (6) "Cost sharing" means arrangements made on behalf of a member  
97 whereby an applicant pays a portion of the cost of health services,  
98 sharing costs with the state and includes copayments, premiums,  
99 deductibles and coinsurance;

100 (7) "Deductible" means the amount of out-of-pocket expenses that  
101 would be paid for health services on behalf of a member before  
102 becoming payable by the insurer;

103 (8) "Department" means the Department of Social Services;

104 (9) "Durable medical equipment" means equipment that meets all of  
105 the following requirements:

106 (A) Can withstand repeated use;

- 107 (B) Is primarily and customarily used to serve a medical purpose;
- 108 (C) Generally is not useful to a person in the absence of an illness or  
109 injury; and
- 110 (D) Is nondisposable;
- 111 (10) "Eligible beneficiary" means a child who meets the requirements  
112 in section 17b-292, and the requirements specified in Section  
113 2110(b)(2)(B) of the Social Security Act as amended by Section  
114 10203(b)(2)(D) of the Affordable Care Act;
- 115 (11) "Household" has the same meaning as provided in 42 CFR  
116 435.603;
- 117 (12) "Household income" has the same meaning as provided in 42  
118 CFR 435.603;
- 119 (13) "HUSKY A" means Medicaid provided to children, caretaker  
120 relatives and pregnant and postpartum women pursuant to section 17b-  
121 261 or 17b-277;
- 122 (14) "HUSKY B" means the health coverage for children established  
123 pursuant to the provisions of sections 17b-290, as amended by this act,  
124 17b-292, [17b-294a,] 17b-295, 17b-297a, 17b-297b and 17b-300;
- 125 (15) "HUSKY C" means Medicaid provided to individuals who are  
126 sixty-five years of age or older or who are blind or have a disability;
- 127 (16) "HUSKY D" or "Medicaid Coverage for the Lowest Income  
128 Populations program" means Medicaid provided to nonpregnant low-  
129 income adults who are age eighteen to sixty-four, as authorized  
130 pursuant to section 17b-8a;
- 131 (17) "HUSKY Health" means the combined HUSKY A, HUSKY B,  
132 HUSKY C and HUSKY D programs, that provide medical coverage to  
133 eligible children, parents, relative caregivers, persons age sixty-five or  
134 older, individuals with disabilities, low-income adults, and pregnant

135 women;

136 [(18)] "HUSKY Plus" means the supplemental health program  
137 established pursuant to section 17b-294a for medically eligible members  
138 of HUSKY B whose medical needs cannot be accommodated within the  
139 basic benefit package offered to members. HUSKY Plus shall  
140 supplement coverage for those medically eligible members with  
141 intensive physical health needs;]

142 [(19)] (18) "Member" means an eligible beneficiary who receives  
143 services under HUSKY A, B, C or D;

144 [(20)] (19) "Parent" means a natural parent, stepparent, adoptive  
145 parent, guardian or custodian of a child;

146 [(21)] (20) "Premium" means any required payment made by an  
147 individual to offset the cost under HUSKY B;

148 [(22)] (21) "Qualified entity" means any entity: (A) Eligible for  
149 payments under a state plan approved under Medicaid and which  
150 provides medical services under HUSKY A, or (B) that is a qualified  
151 entity, as defined in 42 USC 1396r-1a, as amended by Section 708 of  
152 Public Law 106-554, and that is determined by the commissioner to be  
153 capable of making the determination of eligibility. The commissioner  
154 shall provide qualified entities with such forms or information on filing  
155 an application electronically as is necessary for an application to be  
156 made on behalf of a child under HUSKY A and information on how to  
157 assist parents, guardians and other persons in completing and filing  
158 such forms or electronic application;

159 [(23)] (22) "WIC" means the federal Special Supplemental Food  
160 Program for Women, Infants and Children administered by the  
161 Department of Public Health pursuant to section 19a-59c.

162 Sec. 4. Section 17b-304 of the general statutes is repealed and the  
163 following is substituted in lieu thereof (*Effective from passage*):

164 The Commissioner of Social Services shall implement the policies and

165 procedures necessary to carry out the provisions of sections 17b-292,  
166 [17b-294a,] 17b-295, as amended by this act, 17b-297a, 17b-297b and 17b-  
167 300 while in the process of adopting such policies and procedures in  
168 regulation form, provided notice of intent to adopt the regulations is  
169 published on the Department of Social Services' Internet web site and  
170 the eRegulations System not later than twenty days after  
171 implementation. Such policies and procedures shall be valid until the  
172 time final regulations are effective.

173 Sec. 5. Subdivision (4) of subsection (b) of section 12-202a of the  
174 general statutes is repealed and the following is substituted in lieu  
175 thereof (*Effective from passage*):

176 (4) Any new or renewal contract or policy entered into with the state  
177 on or after April 1, 1998, to provide health care coverage to eligible  
178 beneficiaries under the HUSKY Health program, [or HUSKY Plus  
179 program, each] as defined in section 17b-290;

180 Sec. 6. Subsection (b) of section 12-202b of the general statutes is  
181 repealed and the following is substituted in lieu thereof (*Effective from*  
182 *passage*):

183 (b) The amount of credit allowed shall be equal to fifty-five dollars  
184 multiplied by the sum of the number of persons provided health care  
185 coverage by the taxpayer under the HUSKY Health program, [or the  
186 HUSKY Plus program, each] as defined in section 17b-290, as amended  
187 by this act, on the first day of each month of the income year for which  
188 the credit is taken, divided by twelve.

189 Sec. 7. Subsection (b) of section 12-202c of the general statutes is  
190 repealed and the following is substituted in lieu thereof (*Effective from*  
191 *passage*):

192 (b) For the fiscal year ending June 30, 2003, any company that  
193 received a payment under subsection (a) of this section shall be entitled  
194 to an additional supplemental payment equal to thirty-six dollars and  
195 seventy-five cents multiplied by the sum of the number of persons

196 provided health care coverage by the taxpayer under the HUSKY Health  
 197 program, [or the HUSKY Plus program, each] as defined in section 17b-  
 198 290, as amended by this act, on the first day of each month, January to  
 199 June, inclusive, of 2002, divided by six.

200 Sec. 8. Section 17b-294a of the general statutes is repealed. (*Effective*  
 201 *from passage*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17b-295(a)
Sec. 2	<i>from passage</i>	17b-266
Sec. 3	<i>from passage</i>	17b-290
Sec. 4	<i>from passage</i>	17b-304
Sec. 5	<i>from passage</i>	12-202a(b)(4)
Sec. 6	<i>from passage</i>	12-202b(b)
Sec. 7	<i>from passage</i>	12-202c(b)
Sec. 8	<i>from passage</i>	Repealer section

**Statement of Purpose:**

To change co-pay requirements for HUSKY B and eliminate the HUSKY Plus program.

*[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.]*