



General Assembly

January Session, 2021

Raised Bill No. 1090

LCO No. 4717



Referred to Committee on HUMAN SERVICES

Introduced by:
(HS)

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 and make
14 recommendations concerning establishing a HUSKY for All Single
15 Payer, Universal Health Care Program in the state. The commission may

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

20 (c) The commission shall be comprised 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) The Insurance Commissioner and the Commissioner of Social
39 Services, or their designees;

40 (8) The chief executive officer of the Connecticut Hospital
41 Association, or the chief executive officer's designee;

42 (9) The president of the Connecticut State Medical Society, or the
43 president's designee;

44 (10) Two providers of medical services under the medical assistance
45 program and two persons who receive such services under the program,
46 appointed by the chairperson of the Council on Medical Assistance
47 Program Oversight;

48 (11) One representative each from Health Equity Solutions and
49 United States of Care, appointed by the executive director of the Office
50 of Health Strategy;

51 (12) Two representatives of labor unions representing employees
52 who work in health care fields, appointed by the executive director of
53 the Office of Health Strategy; and

54 (13) Two persons from academia with expertise in economics or
55 health insurance, or both, appointed by the executive director of the
56 Office of Health Strategy, provided such persons shall not be among the
57 independent persons contracting with the commission to produce an
58 economic analysis on establishing a HUSKY for All Single Payer,
59 Universal Health Care Program.

60 (d) The commission shall meet not later than thirty days after the
61 effective date of this section. The executive director of the Office of
62 Health Strategy, or the executive director's designee, shall serve as a
63 chairperson of the commission and a second chairperson shall be chosen
64 by the commission from among the members of the commission. The
65 joint committee on legislative management shall provide administrative
66 support to the commission. Any vacancies shall be filled by the
67 executive director of the Office of Health Strategy or the appointing
68 authority. If an appointing authority does not fill a vacancy within thirty
69 days, the executive director of the Office of Health Strategy shall fill the
70 vacancy.

71 (e) The commission shall study:

72 (1) Current health care spending, including, but not limited to: (A)
73 State costs of the medical assistance program, (B) state costs of the
74 Connecticut Health Insurance Exchange, and (C) average individual

75 consumer monthly health care costs for (i) participation in medical
76 assistance programs requiring cost sharing by a participant, (ii)
77 premiums for participants in the Connecticut Health Insurance
78 Exchange, (iii) premiums for private health insurance plans, and (iv)
79 premiums for Medicare supplement plans, Medicare health
80 maintenance organization plans and Medicare drug plans.

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

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

90 (4) An economic analysis of establishing a HUSKY for All Single
91 Payer, Universal Health Care Program, including, but not limited to, a
92 comparison of: (A) State costs for the medical assistance program and
93 oversight by the Insurance Department of private health care insurance
94 and state costs under a HUSKY for All Single Payer, Universal Health
95 Care Program, (B) consumer costs for private health care insurance and
96 consumer costs under a HUSKY for All Single Payer, Universal Health
97 Care Program, including any costs if the program is covered in part by
98 taxation of a consumer, (C) employer costs for private health care
99 insurance and employer costs if a HUSKY for All Single Payer,
100 Universal Health Care Program is covered in part by taxation of an
101 employer, and (D) participant cost sharing for medical assistance
102 programs or Medicare and costs for such consumers under a HUSKY
103 for All Single Payer, Universal Health Care Program.

104 (5) Provider payment rates under the medical assistance program,
105 Medicare program and the private health insurance market and
106 recommendations for provider payment rates under a HUSKY for All

107 Single Payer, Universal Health Care Program.

108 (6) The number of residents uninsured or underinsured under the
109 current health care coverage programs and the number of persons
110 estimated to be uninsured or underinsured under a HUSKY for All
111 Single Payer, Universal Health Care Program.

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

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

119 (9) The impact on the labor market of a single payer, universal health
120 care system that eliminates private insurance.

121 (f) Not later than January 1, 2022, the commission shall report, in
122 accordance with the provisions of section 11-4a of the general statutes,
123 on the results of its study and recommendations to the Office of Health
124 Strategy and the joint standing committees of the General Assembly
125 having cognizance of matters relating to human services, insurance,
126 labor, public health and finance, revenue and bonding. The commission
127 shall dissolve on the date such report is submitted, or on January 1, 2022,
128 whichever is later.

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

Statement of Purpose:

To establish a commission to conduct an economic analysis of establishing a single payer, universal health care 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.]

