

OFFICE OF FISCAL ANALYSIS

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sHB-5386

AN ACT CONCERNING HEALTH INSURANCE COVERAGE FOR EPINEPHRINE CARTRIDGE INJECTORS, HEALTH CARRIERS AND PHARMACY BENEFIT MANAGERS.

As Amended by House "A" (LCO 4852)

House Calendar No.: 264

OFA Fiscal Note

State Impact: None

Municipal Impact:

Municipalities	Effect	FY 23 \$	FY 24 \$
Various Municipalities	STATE MANDATE ¹ - Cost	See Below	See Below

Explanation

There is no fiscal impact to the State resulting from the bill, which requires that epinephrine cartridge injectors be covered under certain health insurance policies at a total out of pocket cost of \$25 or less. The state employee and retiree health plans already provide coverage in accordance with the bill. The bill may result in a potential cost to fully insured municipalities, to the extent that providing coverage below the out-of-pocket threshold may increase premiums reflected in plan years beginning on and after January 1, 2023.

In addition, many municipal health plans are recognized as "grandfathered" health plans under the Affordable Care Act (ACA). It

¹ State mandate is defined in Sec. 2-32b(2) of the Connecticut General Statutes, "state mandate" means any state initiated constitutional, statutory or executive action that requires a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues.

is unclear what effect the adoption of certain health mandates will have on the grandfathered status of certain municipal plans under ACA. Pursuant to federal law, municipalities with self-insured plans are exempt from state insurance mandates.

House Amendment "A" revises the definition of "epinephrine cartridge injector" which did not alter the municipal fiscal impact described above.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.