



General Assembly

February Session, 2022

Raised Bill No. 357

LCO No. 2234



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

***AN ACT CONCERNING COPAY ACCUMULATOR PROGRAMS AND
HIGH DEDUCTIBLE HEALTH PLANS.***

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

1 Section 1. Section 38a-477ff of the 2022 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective from passage and applicable to policies delivered, issued for delivery,*
4 *renewed, amended or continued on or after January 1, 2022*):

5 (a) Each insurer, health care center, hospital service corporation,
6 medical service corporation, fraternal benefit society or other entity that
7 delivers, issues for delivery, renews, amends or continues an individual
8 or group health insurance policy in this state on or after January 1, 2022,
9 providing coverage of the type specified in subdivisions (1), (2), (4), (11)
10 and (12) of section 38a-469 shall, when calculating an insured's liability
11 for a coinsurance, copayment, deductible or other out-of-pocket expense
12 for a covered benefit, give credit for any discount provided or payment
13 made by a third party for the amount of, or any portion of the amount
14 of, the coinsurance, copayment, deductible or other out-of-pocket
15 expense for the covered benefit.

16 (b) The provisions of subsection (a) of this section shall apply to a
17 high deductible health plan, as that term is used in subsection (f) of
18 section 38a-493 or subsection (f) of section 38a-520, as applicable, to the
19 maximum extent permitted by federal law, except if such plan is used
20 to establish a medical savings account or an Archer MSA pursuant to
21 Section 220 of the Internal Revenue Code of 1986, or any subsequent
22 corresponding internal revenue code of the United States, as amended
23 from time to time, or a health savings account pursuant to Section 223
24 of said Internal Revenue Code, as amended from time to time, the
25 provisions of said subsection (a) shall apply to such plan to the
26 maximum extent that (1) is permitted by federal law, and (2) does not
27 disqualify such account for the deduction allowed under said Section
28 220 or 223, as applicable.

29 Sec. 2. Section 38a-477gg of the 2022 supplement to the general
30 statutes is repealed and the following is substituted in lieu thereof
31 (*Effective from passage and applicable to contracts entered into on or after*
32 *January 1, 2022*):

33 (a) On and after January 1, 2022, each contract entered into between
34 a health carrier, as defined in section 38a-591a, and a pharmacy benefits
35 manager, as defined in section 38a-479aaa, for the administration of the
36 pharmacy benefit portion of a health benefit plan in this state on behalf
37 of plan sponsors shall require that the pharmacy benefits manager,
38 when calculating an insured's or enrollee's liability for a coinsurance,
39 copayment, deductible or other out-of-pocket expense for a covered
40 prescription drug benefit, give credit for any discount provided or
41 payment made by a third party for the amount of, or any portion of the
42 amount of, the coinsurance, copayment, deductible or other out-of-
43 pocket expense for the covered prescription drug benefit.

44 (b) The provisions of subsection (a) of this section shall apply to a
45 high deductible health plan, as that term is used in subsection (f) of
46 section 38a-493 or subsection (f) of section 38a-520, as applicable, to the
47 maximum extent permitted by federal law, except if such plan is used
48 to establish a medical savings account or an Archer MSA pursuant to

49 Section 220 of the Internal Revenue Code of 1986, or any subsequent
50 corresponding internal revenue code of the United States, as amended
51 from time to time, or a health savings account pursuant to Section 223
52 of said Internal Revenue Code, as amended from time to time, the
53 provisions of said subsection (a) shall apply to such plan to the
54 maximum extent that (1) is permitted by federal law, and (2) does not
55 disqualify such account for the deduction allowed under said Section
56 220 or 223, as applicable.

57 Sec. 3. Section 38a-478w of the 2022 supplement to the general
58 statutes is repealed and the following is substituted in lieu thereof
59 (*Effective from passage and applicable to contracts delivered, issued for*
60 *delivery, renewed, amended or continued on or after January 1, 2022*):

61 (a) For any contract delivered, issued for delivery, renewed, amended
62 or continued in this state on or after January 1, 2022, each managed care
63 organization shall, when calculating an enrollee's liability for a
64 coinsurance, copayment, deductible or other out-of-pocket expense for
65 a covered benefit, give credit for any discount provided or payment
66 made by a third party for the amount of, or any portion of the amount
67 of, the coinsurance, copayment, deductible or other out-of-pocket
68 expense for the covered benefit.

69 (b) The provisions of subsection (a) of this section shall apply to a
70 high deductible health plan, as that term is used in subsection (f) of
71 section 38a-493 or subsection (f) of section 38a-520, as applicable, to the
72 maximum extent permitted by federal law, except if such plan is used
73 to establish a medical savings account or an Archer MSA pursuant to
74 Section 220 of the Internal Revenue Code of 1986, or any subsequent
75 corresponding internal revenue code of the United States, as amended
76 from time to time, or a health savings account pursuant to Section 223
77 of said Internal Revenue Code, as amended from time to time, the
78 provisions of said subsection (a) shall apply to such plan to the
79 maximum extent that (1) is permitted by federal law, and (2) does not
80 disqualify such account for the deduction allowed under said Section
81 220 or 223, as applicable.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage and applicable to policies delivered, issued for delivery, renewed, amended or continued on or after January 1, 2022</i>	38a-477ff
Sec. 2	<i>from passage and applicable to contracts entered into on or after January 1, 2022</i>	38a-477gg
Sec. 3	<i>from passage and applicable to contracts delivered, issued for delivery, renewed, amended or continued on or after January 1, 2022</i>	38a-478w

Statement of Purpose:

To specify that certain cost-sharing requirements apply to high deductible health plans to the maximum extent that (1) is permitted by federal law, and (2) and does not disqualify corresponding health or medical savings accounts for federal tax deductions.

[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.]