



General Assembly

Amendment

February Session, 2022

LCO No. 6529



Offered by:
SEN. LESSER, 9th Dist.

To: House Bill No. 5400

File No. 302

Cal. No. 565

(As Amended)

"AN ACT CONCERNING THE REGULATION OF INSURANCE IN THE STATE."

1 After the last section, add the following and renumber sections and
2 internal references accordingly:

3 "Sec. 501. (*Effective from passage*) (a) There is established a task force to
4 study common interest ownership communities. Such study shall
5 include, but need not be limited to, an examination of the feasibility of
6 requiring common interest ownership communities to maintain
7 financial records that disclose reserve funds and liabilities, including
8 any anticipated costs for maintenance, upgrades or compliance with
9 law.

10 (b) The task force shall consist of the following members:

11 (1) One appointed by the speaker of the House of Representatives;

12 (2) One appointed by the president pro tempore of the Senate;

13 (3) One appointed by the minority leader of the House of
14 Representatives;

15 (4) One appointed by the minority leader of the Senate;

16 (5) One appointed by the Senate chairperson of the joint standing
17 committee of the General Assembly having cognizance of matters
18 relating to insurance, whom shall be a realtor;

19 (6) One appointed by the House of Representatives chairperson of the
20 joint standing committee of the General Assembly having cognizance of
21 matters relating to insurance;

22 (7) One appointed by the Senate ranking member of the joint standing
23 committee of the General Assembly having cognizance of matters
24 relating to insurance; and

25 (8) One appointed by the House of Representatives ranking member
26 of the joint standing committee of the General Assembly having
27 cognizance of matters relating to insurance.

28 (c) Any member of the task force appointed under subdivision (1),
29 (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member
30 of the General Assembly.

31 (d) All initial appointments to the task force shall be made not later
32 than thirty days after the effective date of this section. Any vacancy shall
33 be filled by the appointing authority.

34 (e) The speaker of the House of Representatives and the president pro
35 tempore of the Senate shall select the chairpersons of the task force from
36 among the members of the task force. Such chairpersons shall schedule
37 the first meeting of the task force, which shall be held not later than sixty
38 days after the effective date of this section.

39 (f) The administrative staff of the joint standing committee of the
40 General Assembly having cognizance of matters relating to insurance
41 shall serve as administrative staff of the task force.

42 (g) Not later than January 1, 2023, the task force shall submit a report
43 on its findings and recommendations to the joint standing committee of
44 the General Assembly having cognizance of matters relating to
45 insurance, in accordance with the provisions of section 11-4a of the
46 general statutes. The task force shall terminate on the date that it
47 submits such report or January 1, 2023, whichever is later.

48 Sec. 502. Section 38a-1084 of the 2022 supplement to the general
49 statutes is repealed and the following is substituted in lieu thereof
50 (*Effective January 1, 2023*):

51 The exchange shall:

52 (1) Administer the exchange for both qualified individuals and
53 qualified employers;

54 (2) Commission surveys of individuals, small employers and health
55 care providers on issues related to health care and health care coverage;

56 (3) Implement procedures for the certification, recertification and
57 decertification, consistent with guidelines developed by the Secretary
58 under Section 1311(c) of the Affordable Care Act, and section 38a-1086,
59 of health benefit plans as qualified health plans;

60 (4) Provide for the operation of a toll-free telephone hotline to
61 respond to requests for assistance;

62 (5) Provide for enrollment periods, as provided under Section
63 1311(c)(6) of the Affordable Care Act;

64 (6) Maintain an Internet web site through which enrollees and
65 prospective enrollees of qualified health plans may obtain standardized
66 comparative information on such plans including, but not limited to, the
67 enrollee satisfaction survey information under Section 1311(c)(4) of the
68 Affordable Care Act and any other information or tools to assist
69 enrollees and prospective enrollees evaluate qualified health plans
70 offered through the exchange;

71 (7) Publish the average costs of licensing, regulatory fees and any
72 other payments required by the exchange and the administrative costs
73 of the exchange, including information on moneys lost to waste, fraud
74 and abuse, on an Internet web site to educate individuals on such costs;

75 (8) On or before the open enrollment period for plan year 2017, assign
76 a rating to each qualified health plan offered through the exchange in
77 accordance with the criteria developed by the Secretary under Section
78 1311(c)(3) of the Affordable Care Act, and determine each qualified
79 health plan's level of coverage in accordance with regulations issued by
80 the Secretary under Section 1302(d)(2)(A) of the Affordable Care Act;

81 (9) Use a standardized format for presenting health benefit options in
82 the exchange, including the use of the uniform outline of coverage
83 established under Section 2715 of the Public Health Service Act, 42 USC
84 300gg-15, as amended from time to time;

85 (10) Inform individuals, in accordance with Section 1413 of the
86 Affordable Care Act, of eligibility requirements for the Medicaid
87 program under Title XIX of the Social Security Act, as amended from
88 time to time, the Children's Health Insurance Program (CHIP) under
89 Title XXI of the Social Security Act, as amended from time to time, or
90 any applicable state or local public program, and enroll an individual in
91 such program if the exchange determines, through screening of the
92 application by the exchange, that such individual is eligible for any such
93 program;

94 (11) Collaborate with the Department of Social Services, to the extent
95 possible, to allow an enrollee who loses premium tax credit eligibility
96 under Section 36B of the Internal Revenue Code and is eligible for
97 HUSKY A or any other state or local public program, to remain enrolled
98 in a qualified health plan;

99 (12) Establish and make available by electronic means a calculator to
100 determine the actual cost of coverage after application of any premium
101 tax credit under Section 36B of the Internal Revenue Code and any cost-
102 sharing reduction under Section 1402 of the Affordable Care Act;

103 (13) Establish a program for small employers through which
104 qualified employers may access coverage for their employees and that
105 shall enable any qualified employer to specify a level of coverage so that
106 any of its employees may enroll in any qualified health plan offered
107 through the exchange at the specified level of coverage;

108 (14) Offer enrollees and small employers the option of having the
109 exchange collect and administer premiums, including through
110 allocation of premiums among the various insurers and qualified health
111 plans chosen by individual employers;

112 (15) Grant a certification, subject to Section 1411 of the Affordable
113 Care Act, attesting that, for purposes of the individual responsibility
114 penalty under Section 5000A of the Internal Revenue Code, an
115 individual is exempt from the individual responsibility requirement or
116 from the penalty imposed by said Section 5000A because:

117 (A) There is no affordable qualified health plan available through the
118 exchange, or the individual's employer, covering the individual; or

119 (B) The individual meets the requirements for any other such
120 exemption from the individual responsibility requirement or penalty;

121 (16) Provide to the Secretary of the Treasury of the United States the
122 following:

123 (A) A list of the individuals granted a certification under subdivision
124 (15) of this section, including the name and taxpayer identification
125 number of each individual;

126 (B) The name and taxpayer identification number of each individual
127 who was an employee of an employer but who was determined to be
128 eligible for the premium tax credit under Section 36B of the Internal
129 Revenue Code because:

130 (i) The employer did not provide minimum essential health benefits
131 coverage; or

132 (ii) The employer provided the minimum essential coverage but it
133 was determined under Section 36B(c)(2)(C) of the Internal Revenue
134 Code to be unaffordable to the employee or not provide the required
135 minimum actuarial value; and

136 (C) The name and taxpayer identification number of:

137 (i) Each individual who notifies the exchange under Section
138 1411(b)(4) of the Affordable Care Act that such individual has changed
139 employers; and

140 (ii) Each individual who ceases coverage under a qualified health
141 plan during a plan year and the effective date of that cessation;

142 (17) Provide to each employer the name of each employee, as
143 described in subparagraph (B) of subdivision (16) of this section, of the
144 employer who ceases coverage under a qualified health plan during a
145 plan year and the effective date of the cessation;

146 (18) Perform duties required of, or delegated to, the exchange by the
147 Secretary or the Secretary of the Treasury of the United States related to
148 determining eligibility for premium tax credits, reduced cost-sharing or
149 individual responsibility requirement exemptions;

150 (19) Select entities qualified to serve as Navigators in accordance with
151 Section 1311(i) of the Affordable Care Act and award grants to enable
152 Navigators to:

153 (A) Conduct public education activities to raise awareness of the
154 availability of qualified health plans;

155 (B) Distribute fair and impartial information concerning enrollment
156 in qualified health plans and the availability of premium tax credits
157 under Section 36B of the Internal Revenue Code and cost-sharing
158 reductions under Section 1402 of the Affordable Care Act;

159 (C) Facilitate enrollment in qualified health plans;

160 (D) Provide referrals to the Office of the Healthcare Advocate or
161 health insurance ombudsman established under Section 2793 of the
162 Public Health Service Act, 42 USC 300gg-93, as amended from time to
163 time, or any other appropriate state agency or agencies, for any enrollee
164 with a grievance, complaint or question regarding the enrollee's health
165 benefit plan, coverage or a determination under that plan or coverage;
166 and

167 (E) Provide information in a manner that is culturally and
168 linguistically appropriate to the needs of the population being served by
169 the exchange;

170 (20) Review the rate of premium growth within and outside the
171 exchange and consider such information in developing
172 recommendations on whether to continue limiting qualified employer
173 status to small employers;

174 (21) Credit the amount, in accordance with Section 10108 of the
175 Affordable Care Act, of any free choice voucher to the monthly
176 premium of the plan in which a qualified employee is enrolled and
177 collect the amount credited from the offering employer;

178 (22) Consult with stakeholders relevant to carrying out the activities
179 required under sections 38a-1080 to 38a-1090, inclusive, including, but
180 not limited to:

181 (A) Individuals who are knowledgeable about the health care system,
182 have background or experience in making informed decisions regarding
183 health, medical and scientific matters and are enrollees in qualified
184 health plans;

185 (B) Individuals and entities with experience in facilitating enrollment
186 in qualified health plans;

187 (C) Representatives of small employers and self-employed
188 individuals;

189 (D) The Department of Social Services; and

- 190 (E) Advocates for enrolling hard-to-reach populations;
- 191 (23) Meet the following financial integrity requirements:
- 192 (A) Keep an accurate accounting of all activities, receipts and
193 expenditures and annually submit to the Secretary, the Governor, the
194 Insurance Commissioner and the General Assembly a report concerning
195 such accountings;
- 196 (B) Fully cooperate with any investigation conducted by the Secretary
197 pursuant to the Secretary's authority under the Affordable Care Act and
198 allow the Secretary, in coordination with the Inspector General of the
199 United States Department of Health and Human Services, to:
- 200 (i) Investigate the affairs of the exchange;
- 201 (ii) Examine the properties and records of the exchange; and
- 202 (iii) Require periodic reports in relation to the activities undertaken
203 by the exchange; and
- 204 (C) Not use any funds in carrying out its activities under sections 38a-
205 1080 to 38a-1089, inclusive, that are intended for the administrative and
206 operational expenses of the exchange, for staff retreats, promotional
207 giveaways, excessive executive compensation or promotion of federal
208 or state legislative and regulatory modifications;
- 209 (24) (A) Seek to include the most comprehensive health benefit plans
210 that offer high quality benefits at the most affordable price in the
211 exchange, (B) encourage health carriers to offer tiered health care
212 provider network plans that have different cost-sharing rates for
213 different health care provider tiers and reward enrollees for choosing
214 low-cost, high-quality health care providers by offering lower
215 copayments, deductibles or other out-of-pocket expenses, and (C) offer
216 any such tiered health care provider network plans through the
217 exchange;
- 218 (25) Report at least annually to the General Assembly on the effect of

219 adverse selection on the operations of the exchange and make legislative
220 recommendations, if necessary, to reduce the negative impact from any
221 such adverse selection on the sustainability of the exchange, including
222 recommendations to ensure that regulation of insurers and health
223 benefit plans are similar for qualified health plans offered through the
224 exchange and health benefit plans offered outside the exchange. The
225 exchange shall evaluate whether adverse selection is occurring with
226 respect to health benefit plans that are grandfathered under the
227 Affordable Care Act, self-insured plans, plans sold through the
228 exchange and plans sold outside the exchange; [and]

229 (26) Consult with the Commissioner of Social Services, Insurance
230 Commissioner and Office of Health Strategy, established under section
231 19a-754a for the purposes set forth in section 19a-754c; [.] and

232 (27) (A) Notwithstanding the provisions of section 12-15, the
233 exchange shall make written request from the Commissioner of
234 Revenue Services, for return or return information, as such terms are
235 defined in section 12-15, for use in conducting targeted outreach to
236 uninsured residents of this state. If the Commissioner of Revenue
237 Services deems such return or return information to be relevant to the
238 exchange conducting targeted outreach to uninsured residents, said
239 commissioner may disclose such information to the exchange. To
240 effectuate the disclosure of such information, the Commissioner of
241 Revenue Services and the exchange shall enter into a memorandum of
242 understanding that sets forth the specific information to be disclosed
243 and contains the terms and conditions under which said commissioner
244 will disclose such information to the exchange. Any return or return
245 information disclosed by the Commissioner of Revenue Services shall
246 not be disclosed without permission to a third party and shall only be
247 used by the exchange in the manner prescribed in the memorandum of
248 understanding. Any person who violates this subparagraph shall be
249 fined not more than five thousand dollars.

250 (B) To assist the exchange in conducting targeted outreach to
251 uninsured residents of this state, the Commissioner of Revenue Services

252 shall revise the tax return form prescribed under chapter 229 to include
253 space on the tax return for residents to authorize the exchange to contact
254 such residents regarding enrollment through the exchange. The
255 Commissioner of Revenue Services and the exchange shall develop
256 language to be included on the tax return form and shall include in the
257 instructions accompanying the tax return a description of how the
258 authorization provided will be relayed to the exchange."

This act shall take effect as follows and shall amend the following sections:		
Sec. 501	<i>from passage</i>	New section
Sec. 502	<i>January 1, 2023</i>	38a-1084