

# OFFICE OF FISCAL ANALYSIS

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sSB-13

## AN ACT REDUCING PRESCRIPTION DRUG PRICES. AMENDMENT

LCO No.: 6374

File Copy No.: 208

Senate Calendar No.: 164

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### ***OFA Fiscal Note***

#### **See Fiscal Note Details**

The amendment strikes the underlying bill and its associated fiscal impact, resulting in the fiscal impact described below.

**Sections 1-6** require the Department of Consumer Protection (DCP) to establish a Canadian Legend Drug Importation Program (CLDIP) resulting in costs of approximately \$75,000 to DCP (salary) and \$30,398 to OSC (fringe benefits) in FY 23, and \$90,418 to DCP (salary) and \$36,646 to OSC (fringe benefits) in FY 24 and each fiscal year thereafter. In FY 23 only, a six-month durational Project Manager is needed to submit a request to the federal Secretary of Health and Human Services for approval to establish the CLDIP. Assuming federal approval is granted, a full-time Drug Control Agent will be needed to run the program beginning in FY 24.

**Sections 7-9** applies the prohibition of copay accumulator programs to high deductible plans to the extent allowed by federal law, which does not have a state or municipal impact.

**Sections 10-11** modify the end date for dental and vision coverage for State of Connecticut employee dependents through age 26. This is not expected to result in a fiscal impact.

**Section 12** alters the time for certain disclosures required to be made

by the Office of the Attorney General (OAG). This is not anticipated to result in a fiscal impact to OAG as they are expected to have the necessary staff to handle this provision.

**Section 13** allows the disclosure of certain tax return information to the Connecticut Health Insurance Exchange and requires the Department of Revenue Services to revise income tax forms. This results in a one-time cost of less than \$100,000 in FY 24 only associated with updates to hard copy forms and the online Taxpayer Service Center. The section also establishes a fine of up to \$5,000 to be assessed on a person who violates certain disclosure restrictions, which may result in a minimal revenue gain to the General Fund.

**Section 14**, which classifies the executive director of the Office of Health Strategy as a department head, has no fiscal impact.

*The preceding Fiscal Impact statement is prepared for the benefit of the members of the General Assembly, solely for the purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.*