
OLR Bill Analysis

sSB 978

AN ACT CONCERNING EXPANSION OF THE COVERED CONNECTICUT PROGRAM.

SUMMARY

This bill requires the Department of Social Services (DSS) commissioner, by January 1, 2024, to amend the federal Medicaid waiver submitted for Covered Connecticut (see BACKGROUND) to expand eligibility to all people otherwise qualified for the program with income up to 200% of the federal poverty level (FPL), rather than up to 175% of FPL, as under current law. She must do this to the extent federal law allows, and under existing law's legislative approval process for federal Medicaid waivers and waiver amendments (see BACKGROUND). The bill also requires her to consult with the insurance commissioner and the Office of Health Strategy's executive director before submitting the waiver amendment.

EFFECTIVE DATE: Upon passage

BACKGROUND

Covered Connecticut Program

This program provides no-cost health insurance, dental insurance, and non-emergency medical transportation to eligible residents ages 18 to 64. To qualify, residents must (1) have household incomes too high to qualify for Medicaid but still under 175% of FPL, (2) be covered by a silver-level health plan offered on the state's health insurance exchange (Access Health CT), and (3) qualify for federal qualified health plan premium and cost-sharing subsidies. It covers eligible residents and their tax dependents under age 26 (CGS § 19a-754c).

Legislative Approval Process

State law requires the DSS commissioner to submit federal waiver applications, renewals, and amendments to the Appropriations and

Human Services committees before submitting them to the federal Centers for Medicare and Medicaid Services for approval (CGS § 17b-8).

The committees must:

1. hold a public hearing within 30 days after receiving the application;
2. approve, deny, or modify a waiver application; and
3. appoint a conference committee if the committees do not concur on the decision.

For waivers on Covered Connecticut, the Insurance and Real Estate Committee also participates in this process (CGS § 19a-754c). (These requirements do not apply to applications for routine operational issues.)

Related Bill

SB 10, §§ 13 & 14, favorably reported by the Appropriations and Human Services committees, contains the same provisions expanding program eligibility to people with incomes up to 200% of the FPL and also requires DSS to develop a plan to create a second program tier for people with incomes up to 300% of the FPL.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Change of Reference - APP
Yea 15 Nay 7 (03/07/2023)

Appropriations Committee

Joint Favorable Substitute
Yea 42 Nay 7 (04/21/2023)