



House of Representatives

General Assembly

File No. 360

January Session, 2023

Substitute House Bill No. 6709

House of Representatives, April 3, 2023

The Committee on Insurance and Real Estate reported through REP. WOOD of the 29th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING ACCESS HEALTH CT.

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

1 Section 1. Section 38a-1085 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) The exchange shall make qualified health plans available to
4 qualified individuals and qualified employers for coverage beginning
5 on or before January 1, 2014.

6 (b) (1) The exchange shall not make available any health benefit plan
7 that is not a qualified health plan.

8 (2) The exchange shall allow a health carrier to offer a plan that
9 provides limited scope dental benefits meeting the requirements of
10 Section 9832(c)(2)(A) of the Internal Revenue Code through the
11 exchange, either separately or in conjunction with a qualified health
12 plan, if the plan provides pediatric dental benefits meeting the
13 requirements of Section 1302(b)(1)(J) of the Affordable Care Act.

14 (c) Neither the exchange nor a health carrier offering health benefit
 15 plans through the exchange shall charge an individual a fee or penalty
 16 for termination of coverage if the individual enrolls in another type of
 17 minimum essential coverage because (1) the individual has become
 18 newly eligible for that coverage, or (2) the individual's employer-
 19 sponsored coverage has become affordable under the standards of
 20 Section 36B(c)(2)(C) of the Internal Revenue Code.

21 (d) Notwithstanding any provision of title 38a, for the open
 22 enrollment periods beginning on November 1, 2023, and November 1,
 23 2024, the exchange shall, in consultation with the Department of Social
 24 Services, implement an enhanced direct enrollment process in
 25 accordance with applicable rules and regulations adopted by the federal
 26 Centers for Medicare and Medicaid Services for any qualified health
 27 plan issuer or web broker licensed in this state to directly enroll any
 28 prospective enrollee in a qualified health benefit plan through the
 29 exchange. For purposes of this subsection, "enhanced direct enrollment"
 30 means a service that allows any qualified health plan issuer or web
 31 broker licensed in this state to access the exchange platform on behalf of
 32 any prospective enrollee to directly enroll such prospective enrollee in
 33 a qualified health benefit plan through the exchange.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	38a-1085

INS *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do 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.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 24 \$	FY 25 \$
Connecticut Health Insurance Exchange	Resources of the Exchange - Cost	Greater than 3.3 million	See Below

Municipal Impact: None

Explanation

The bill is anticipated to result in significant IT development costs for the Connecticut Health Insurance Exchange (“exchange”) in FY 24. The bill requires the exchange, a quasi-public state agency, to implement an enhanced direct enrollment (EDE) process for the next two open enrollment periods. This would allow carriers and licensed web brokers to directly enroll prospective enrollees in qualified health plans.

Under federal rules for states that use HealthCare.gov (to run federally based exchanges), EDE allows licensed web brokers or exchange carriers to directly enroll prospective enrollees in a separate platform (often their own website) that connects with the federal exchange’s platform behind the scenes. The one-time cost to implement something similar in Connecticut’s exchange for the first carrier is estimated at \$3.3 million; there would be incremental costs to connect each additional entity.

To the extent additional connections are set up after June 30, 2024, costs could also be incurred in FY 25.

The Out Years

There is no anticipated fiscal impact in the out years.

OLR Bill Analysis

sHB 6709

AN ACT CONCERNING ACCESS HEALTH CT.

SUMMARY

This bill requires the Connecticut Health Insurance Exchange (i.e., Access Health CT) to implement an enhanced direct enrollment process for qualified health plan (QHP) issuers or web brokers licensed in Connecticut to directly enroll prospective enrollees in QHPs. The exchange must do this (1) for the open enrollment periods beginning on November 1, 2023, and November 1, 2024; (2) in consultation with the Department of Social Services; and (3) following the Centers for Medicare and Medicaid Services’ rules and regulations.

Under the bill, “enhanced direct enrollment” (EDE) is a service that allows QHP issuers or web brokers to access the exchange platform to directly enroll prospective enrollees in QHPs. (In practice, EDE allows a QHP issuer, for example, to complete an insured’s enrollment process through its own website.) A QHP is a health benefit plan offered on the exchange that meets federal Affordable Care Act requirements and related state requirements (CGS § 38a-1086).

EFFECTIVE DATE: Upon passage

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 10 Nay 2 (03/16/2023)