



Senate

General Assembly

File No. 698

January Session, 2023

Substitute Senate Bill No. 978

Senate, May 4, 2023

The Committee on Appropriations reported through SEN. OSTEN of the 19th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING EXPANSION OF THE COVERED CONNECTICUT PROGRAM.

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

1 Section 1. Section 17b-312 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) The Commissioner of Social Services shall seek, in accordance
4 with the provisions of section 17b-8 and in consultation with the
5 Insurance Commissioner and the Office of Health Strategy established
6 under section 19a-754a, a waiver under Section 1115 of the Social
7 Security Act, as amended from time to time, to [seek] obtain federal
8 funds to support the Covered Connecticut program established under
9 section 19a-754c. Upon approval by the Centers for Medicare and
10 Medicaid Services, the Commissioner of Social Services shall implement
11 the waiver.

12 (b) Not later than January 1, 2024, the commissioner shall amend the
13 waiver submitted in accordance with subsection (a) of this section, to

14 the extent permissible under federal law and in accordance with section
15 17b-8, to provide coverage through the Covered Connecticut program
16 to persons otherwise qualified for the program whose income does not
17 exceed two hundred per cent of the federal poverty level. The
18 commissioner shall consult with the Insurance Commissioner and the
19 executive director of the Office of Health Strategy in submitting the
20 waiver amendment.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17b-312

HS *Joint Favorable C/R* APP
APP *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 \$
Social Services, Dept.	GF - Cost	4,500,000	37,000,000

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in a state cost to the Department of Social Services (DSS) of approximately \$4.5 million in FY 24 and \$37 million in FY 25 due to expanding eligibility for the Covered CT program from 175% of the federal poverty level (FPL) to 200% FPL, effective January 1, 2024. This is anticipated to increase enrollment in the Covered CT program by approximately 31,700 individuals by June 30, 2025.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to enrollment, service utilization, and federal reimbursements.

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)