



General Assembly

January Session, 2023

**Committee Bill No. 228**

LCO No. 5779



Referred to Committee on LABOR AND PUBLIC EMPLOYEES

Introduced by:  
(LAB)

***AN ACT CONCERNING EMPLOYEES' LOSS OF HEALTH CARE  
COVERAGE AS A RESULT OF A LABOR DISPUTE.***

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

1 Section 1. Section 38a-1084 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2023*):

3 The exchange shall:

4 (1) Administer the exchange for both qualified individuals and  
5 qualified employers;

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

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

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

14 (5) Provide for enrollment periods, as provided under Section  
15 1311(c)(6) of the Affordable Care Act;

16 (6) Maintain an Internet web site through which enrollees and  
17 prospective enrollees of qualified health plans may obtain standardized  
18 comparative information on such plans including, but not limited to, the  
19 enrollee satisfaction survey information under Section 1311(c)(4) of the  
20 Affordable Care Act and any other information or tools to assist  
21 enrollees and prospective enrollees evaluate qualified health plans  
22 offered through the exchange;

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

27 (8) On or before the open enrollment period for plan year 2017, assign  
28 a rating to each qualified health plan offered through the exchange in  
29 accordance with the criteria developed by the Secretary under Section  
30 1311(c)(3) of the Affordable Care Act, and determine each qualified  
31 health plan's level of coverage in accordance with regulations issued by  
32 the Secretary under Section 1302(d)(2)(A) of the Affordable Care Act;

33 (9) Use a standardized format for presenting health benefit options in  
34 the exchange, including the use of the uniform outline of coverage  
35 established under Section 2715 of the Public Health Service Act, 42 USC  
36 300gg-15, as amended from time to time;

37 (10) Inform individuals, in accordance with Section 1413 of the  
38 Affordable Care Act, of eligibility requirements for the Medicaid  
39 program under Title XIX of the Social Security Act, as amended from  
40 time to time, the Children's Health Insurance Program (CHIP) under  
41 Title XXI of the Social Security Act, as amended from time to time, or  
42 any applicable state or local public program, and enroll an individual in  
43 such program if the exchange determines, through screening of the  
44 application by the exchange, that such individual is eligible for any such

45 program;

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

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

55 (13) Establish a program for small employers through which  
56 qualified employers may access coverage for their employees and that  
57 shall enable any qualified employer to specify a level of coverage so that  
58 any of its employees may enroll in any qualified health plan offered  
59 through the exchange at the specified level of coverage;

60 (14) Offer enrollees and small employers the option of having the  
61 exchange collect and administer premiums, including through  
62 allocation of premiums among the various insurers and qualified health  
63 plans chosen by individual employers;

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

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

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

73 (16) Provide to the Secretary of the Treasury of the United States the

74 following:

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

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

82 (i) The employer did not provide minimum essential health benefits  
83 coverage; or

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

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

89 (i) Each individual who notifies the exchange under Section  
90 1411(b)(4) of the Affordable Care Act that such individual has changed  
91 employers; and

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

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

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

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

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

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

111 (C) Facilitate enrollment in qualified health plans;

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

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

122 (20) Review the rate of premium growth within and outside the  
123 exchange and consider such information in developing  
124 recommendations on whether to continue limiting qualified employer  
125 status to small employers;

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

130 (22) Consult with stakeholders relevant to carrying out the activities

131 required under sections 38a-1080 to 38a-1090, inclusive, including, but  
132 not limited to:

133 (A) Individuals who are knowledgeable about the health care system,  
134 have background or experience in making informed decisions regarding  
135 health, medical and scientific matters and are enrollees in qualified  
136 health plans;

137 (B) Individuals and entities with experience in facilitating enrollment  
138 in qualified health plans;

139 (C) Representatives of small employers and self-employed  
140 individuals;

141 (D) The Department of Social Services; and

142 (E) Advocates for enrolling hard-to-reach populations;

143 (23) Meet the following financial integrity requirements:

144 (A) Keep an accurate accounting of all activities, receipts and  
145 expenditures and annually submit to the Secretary, the Governor, the  
146 Insurance Commissioner and the General Assembly a report concerning  
147 such accountings;

148 (B) Fully cooperate with any investigation conducted by the Secretary  
149 pursuant to the Secretary's authority under the Affordable Care Act and  
150 allow the Secretary, in coordination with the Inspector General of the  
151 United States Department of Health and Human Services, to:

152 (i) Investigate the affairs of the exchange;

153 (ii) Examine the properties and records of the exchange; and

154 (iii) Require periodic reports in relation to the activities undertaken  
155 by the exchange; and

156 (C) Not use any funds in carrying out its activities under sections 38a-

157 1080 to 38a-1089, inclusive, that are intended for the administrative and  
158 operational expenses of the exchange, for staff retreats, promotional  
159 giveaways, excessive executive compensation or promotion of federal  
160 or state legislative and regulatory modifications;

161 (24) (A) Seek to include the most comprehensive health benefit plans  
162 that offer high quality benefits at the most affordable price in the  
163 exchange, (B) encourage health carriers to offer tiered health care  
164 provider network plans that have different cost-sharing rates for  
165 different health care provider tiers and reward enrollees for choosing  
166 low-cost, high-quality health care providers by offering lower  
167 copayments, deductibles or other out-of-pocket expenses, and (C) offer  
168 any such tiered health care provider network plans through the  
169 exchange;

170 (25) Report at least annually to the General Assembly on the effect of  
171 adverse selection on the operations of the exchange and make legislative  
172 recommendations, if necessary, to reduce the negative impact from any  
173 such adverse selection on the sustainability of the exchange, including  
174 recommendations to ensure that regulation of insurers and health  
175 benefit plans are similar for qualified health plans offered through the  
176 exchange and health benefit plans offered outside the exchange. The  
177 exchange shall evaluate whether adverse selection is occurring with  
178 respect to health benefit plans that are grandfathered under the  
179 Affordable Care Act, self-insured plans, plans sold through the  
180 exchange and plans sold outside the exchange; [and]

181 (26) Consult with the Commissioner of Social Services, Insurance  
182 Commissioner and Office of Health Strategy, established under section  
183 19a-754a for the purposes set forth in section 19a-754c; and

184 (27) Provide for a special enrollment period for individuals who lose  
185 health benefits provided by an employer as a result of a labor dispute.

This act shall take effect as follows and shall amend the following sections:

Section 1	October 1, 2023	38a-1084
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**Statement of Purpose:**

To protect employees' health by ensuring employees have access to health care coverage after losing coverage due to a labor dispute.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*

Co-Sponsors: SEN. LOONEY, 11th Dist.; SEN. ANWAR, 3rd Dist.  
REP. SANTOS, 109th Dist.

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