



General Assembly

***Raised Bill No. 978***

January Session, 2023

LCO No. 3841



Referred to Committee on HUMAN SERVICES

Introduced by:  
(HS)

***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 Section 17b-312 of the general statutes is repealed and the  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  
11 implement the waiver.

12 (b) Not later than thirty days after the effective date of this section,  
13 the commissioner shall amend the waiver submitted in accordance  
14 with subsection (a) of this section, to the extent permissible under  
15 federal law and in accordance with section 17b-8, to provide coverage

16 through the Covered Connecticut program to persons otherwise  
17 qualified for the program whose income does not exceed two hundred  
18 per cent of the federal poverty level. The commissioner shall consult  
19 with the Insurance Commissioner and the executive director of the  
20 Office of Health Strategy in submitting the waiver amendment.

21       Sec. 2. (NEW) (*Effective from passage*) (a) Not later than sixty days  
22 after the effective date of this section, the Commissioner of Social  
23 Services, in consultation with the Insurance Commissioner and the  
24 executive director of the Office of Health Strategy established under  
25 section 19a-754a of the general statutes, shall develop a plan for a  
26 second tier of the Covered Connecticut program established pursuant  
27 to section 19a-574c of the general statutes. The plan shall provide state-  
28 assisted health care coverage for persons otherwise qualified for the  
29 program whose income exceeds two hundred per cent of the federal  
30 poverty level but does not exceed three hundred per cent of the federal  
31 poverty level.

32       (b) The plan developed pursuant to subsection (a) of this section  
33 may include (1) reduced benefits from the Covered Connecticut  
34 program, provided such benefits are in accordance with the  
35 requirements of the Patient Protection and Affordable Care Act, P.L.  
36 111-148, as amended by the Health Care and Education Reconciliation  
37 Act, P.L. 111-152, as both may be amended from time to time, and  
38 regulations adopted thereunder, and (2) income-based copayments by  
39 enrollees.

40       (c) The Commissioner of Social Services shall submit the plan  
41 developed in accordance with this section to the joint standing  
42 committees of the General Assembly having cognizance of matters  
43 relating to appropriations and the budgets of state agencies, human  
44 services and insurance. Not later than thirty days after the date of their  
45 receipt of such plan, the joint standing committees shall hold a public  
46 hearing on the plan. At the conclusion of a public hearing held in  
47 accordance with the provisions of this section, the joint standing  
48 committees shall advise the commissioner of their approval, denial or

49 modifications, if any, of the commissioner's plan. If the joint standing  
 50 committees advise the commissioner of their denial of approval, the  
 51 commissioner shall not implement the plan. If such committees do not  
 52 concur, the committee chairpersons shall appoint a committee of  
 53 conference which shall be composed of three members from each joint  
 54 standing committee. At least one member appointed from each joint  
 55 standing committee shall be a member of the minority party. The  
 56 report of the committee of conference shall be made to each joint  
 57 standing committee, which shall vote to accept or reject the report. The  
 58 report of the committee of conference may not be amended. If a joint  
 59 standing committee rejects the report of the committee of conference,  
 60 that joint standing committee shall notify the commissioner of the  
 61 rejection and the commissioner's plan shall be deemed approved. If the  
 62 joint standing committees accept the report, the committee having  
 63 cognizance of matters relating to appropriations and the budgets of  
 64 state agencies shall advise the commissioner of their approval, denial  
 65 or modifications, if any, of the commissioner's plan. If the joint  
 66 standing committees do not so advise the commissioner during the  
 67 thirty-day period, the plan shall be deemed denied. Any  
 68 implementation of the plan developed pursuant to this section shall be  
 69 in accordance with the approval or modifications, if any, of the joint  
 70 standing committees of the General Assembly having cognizance of  
 71 matters relating to appropriations and the budgets of state agencies,  
 72 human services and insurance.

73 (d) To the extent permissible under federal law, the commissioner  
 74 may seek approval of a Medicaid waiver in accordance with section  
 75 17b-8 of the general statutes to obtain federal financial participation for  
 76 the plan developed pursuant to this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17b-312
Sec. 2	<i>from passage</i>	New section

**HS**

*Joint Favorable C/R*

APP