



General Assembly

February Session, 2024

Raised Bill No. 331

LCO No. 1856



Referred to Committee on LABOR AND PUBLIC EMPLOYEES

Introduced by:
(LAB)

AN ACT CONCERNING STATE MARSHALS' HEALTH BENEFITS.

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

1 Section 1. Section 5-259 of the 2024 supplement to the general statutes
2 is repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2024*):

4 (a) The Comptroller, with the approval of the Attorney General and
5 of the Insurance Commissioner, shall arrange and procure a group
6 hospitalization and medical and surgical insurance plan or plans for (1)
7 state employees, (2) members of the General Assembly who elect
8 coverage under such plan or plans, (3) participants in an alternate
9 retirement program who meet the service requirements of section 5-162
10 or subsection (a) of section 5-166, (4) anyone receiving benefits under
11 section 5-144 or from any state-sponsored retirement system, except the
12 teachers' retirement system and the municipal employees retirement
13 system, (5) judges of probate and Probate Court employees, (6) the
14 surviving spouse, and any dependent children of a state police officer, a
15 member of an organized local police department, a firefighter or a
16 constable who performs criminal law enforcement duties who dies

17 before, on or after June 26, 2003, as the result of injuries received while
18 acting within the scope of such officer's or firefighter's or constable's
19 employment and not as the result of illness or natural causes, and whose
20 surviving spouse and dependent children are not otherwise eligible for
21 a group hospitalization and medical and surgical insurance plan.
22 Coverage for a dependent child pursuant to this subdivision shall
23 terminate no earlier than the end of the calendar year during whichever
24 of the following occurs first, the date on which the child: Becomes
25 covered under a group health plan through the dependent's own
26 employment; or attains the age of twenty-six, (7) employees of the
27 Capital Region Development Authority established by section 32-601,
28 [and] (8) the surviving spouse and dependent children of any employee
29 of a municipality who dies on or after October 1, 2000, as the result of
30 injuries received while acting within the scope of such employee's
31 employment and not as the result of illness or natural causes, and whose
32 surviving spouse and dependent children are not otherwise eligible for
33 a group hospitalization and medical and surgical insurance plan, and
34 (9) state marshals. For purposes of [this] subdivision (8) of this
35 subsection, "employee" means any regular employee or elective officer
36 receiving pay from a municipality, "municipality" means any town, city,
37 borough, school district, taxing district, fire district, district department
38 of health, probate district, housing authority, regional workforce
39 development board established under section 31-3k, flood commission
40 or authority established by special act or regional council of
41 governments. For purposes of subdivision (6) of this subsection,
42 "firefighter" means any person who is regularly employed and paid by
43 any municipality for the purpose of performing firefighting duties for a
44 municipality on average of not less than thirty-five hours per week. For
45 purposes of subdivision (9) of this subsection, "state marshal" means a
46 qualified deputy sheriff incumbent on June 30, 2000, under section 6-31,
47 or appointed pursuant to section 6-38b who works in such marshal's
48 capacity as a state marshal at least twenty hours per week, on average,
49 on a quarterly basis and certifies to that fact on forms provided by and
50 filed with the State Marshal Commission on or before the fifteenth day
51 of April, July, October and January, for the preceding calendar quarter.

52 The minimum benefits to be provided by such plan or plans shall be
53 substantially equal in value to the benefits that each such employee or
54 member of the General Assembly could secure in such plan or plans on
55 an individual basis on the preceding first day of July. The state shall pay
56 for each such employee and each member of the General Assembly
57 covered by such plan or plans the portion of the premium charged for
58 such member's or employee's individual coverage and seventy per cent
59 of the additional cost of the form of coverage and such amount shall be
60 credited to the total premiums owed by such employee or member of
61 the General Assembly for the form of such member's or employee's
62 coverage under such plan or plans. On and after January 1, 1989, the
63 state shall pay for anyone receiving benefits from any such state-
64 sponsored retirement system one hundred per cent of the portion of the
65 premium charged for such member's or employee's individual coverage
66 and one hundred per cent of any additional cost for the form of
67 coverage. The balance of any premiums payable by an individual
68 employee or by a member of the General Assembly for the form of
69 coverage shall be deducted from the payroll by the State Comptroller.
70 The total premiums payable shall be remitted by the Comptroller to the
71 insurance company or companies or nonprofit organization or
72 organizations providing the coverage. The amount of the state's
73 contribution per employee for a health maintenance organization option
74 shall be equal, in terms of dollars and cents, to the largest amount of the
75 contribution per employee paid for any other option that is available to
76 all eligible state employees included in the health benefits plan, but shall
77 not be required to exceed the amount of the health maintenance
78 organization premium.

79 (b) The insurance coverage procured under subsection (a) of this
80 section for active state employees, employees of the Connecticut
81 Institute for Municipal Studies, anyone receiving benefits from any such
82 state-sponsored retirement system and members of the General
83 Assembly, who are over sixty-five years of age, may be modified to
84 reflect benefits available to such employees or members pursuant to
85 Social Security and medical benefits programs administered by the

86 federal government, provided any payments required to secure such
87 benefits administered by the federal government shall be paid by the
88 Comptroller either directly to the employee or members or to the agency
89 of the federal government authorized to collect such payments.

90 (c) On October 1, 1972, the Comptroller shall continue to afford
91 payroll deduction services for employees participating in existing
92 authorized plans covering state employees until such time as the
93 employee elects in writing to be covered by the plan authorized by
94 subsection (a) of this section.

95 (d) Notwithstanding the provisions of subsection (a) of this section,
96 the state shall pay for a member of any such state-sponsored retirement
97 system, or a participant in an alternate retirement program who meets
98 the service requirements of section 5-162 or subsection (a) of section 5-
99 166, and who begins receiving benefits from such system or program on
100 or after November 1, 1989, eighty per cent of the portion of the premium
101 charged for his individual coverage and eighty per cent of any
102 additional cost for his form of coverage. Upon the death of any such
103 member, any surviving spouse of such member who begins receiving
104 benefits from such system shall be eligible for coverage under this
105 section and the state shall pay for any such spouse eighty per cent of the
106 portion of the premium charged for his individual coverage and eighty
107 per cent of any additional cost for his form of coverage.

108 (e) Notwithstanding the provisions of subsection (a) of this section,
109 vending stand operators eligible for membership in the state employees
110 retirement system pursuant to section 5-175a shall be eligible for
111 coverage under the group hospitalization and medical and surgical
112 insurance plans procured under this section, provided the cost for such
113 operators' insurance coverage shall be paid by the Department of Aging
114 and Disability Services from vending machine income pursuant to
115 section 17a-818.

116 (f) The Comptroller, with the approval of the Attorney General and
117 of the Insurance Commissioner, shall arrange and procure a group

118 hospitalization and medical and surgical insurance plan or plans for any
119 person who adopts a child from the state foster care system, any person
120 who has been a foster parent for the Department of Children and
121 Families for six months or more, and any dependent of such adoptive
122 parent or foster parent who elects coverage under such plan or plans.
123 The Comptroller may also arrange for inclusion of such person and any
124 such dependent in an existing group hospitalization and medical and
125 surgical insurance plan offered by the state. Any adoptive parent or
126 foster parent and any dependent who elects coverage shall pay one
127 hundred per cent of the premium charged for such coverage directly to
128 the insurer, provided such adoptive parent or foster parent and all such
129 dependents shall be included in such group hospitalization and medical
130 and surgical insurance plan. A person and his dependents electing
131 coverage pursuant to this subsection shall be eligible for such coverage
132 until no longer an adoptive parent or a foster parent. An adoptive parent
133 shall be eligible for such coverage until the coverage anniversary date
134 on or after whichever of the following occurs first, the date on which the
135 child: Becomes covered under a group health plan through the
136 dependent's own employment; or attains the age of twenty-six. As used
137 in this section "dependent" means a spouse or natural or adopted child
138 if such child is wholly or partially dependent for support upon the
139 adoptive parent or foster parent.

140 (g) Notwithstanding the provisions of subsection (a) of this section,
141 the Probate Court Administration Fund established in accordance with
142 section 45a-82, shall pay for each probate judge and each probate court
143 employee not more than one hundred per cent of the portion of the
144 premium charged for the judge's or employee's individual coverage and
145 not more than seventy per cent of any additional cost for the judge's or
146 employee's form of coverage. The remainder of the premium for such
147 coverage shall be paid by the probate judge or probate court employee
148 to the State Treasurer. Payment shall be credited by the State Treasurer
149 to the fund established by section 45a-82. The total premiums payable
150 shall be remitted by the Probate Court Administrator directly to the
151 insurance company or companies or nonprofit organization or

152 organizations providing the coverage. The Probate Court Administrator
153 shall issue regulations governing group hospitalization and medical
154 and surgical insurance pursuant to subsection (b) of section 45a-77.

155 (h) For the purpose of subsection (g) of this section, "probate judge"
156 or "judge" means a duly elected probate judge who works in such
157 judge's capacity as a probate judge at least twenty hours per week, on
158 average, on a quarterly basis and certifies to that fact on forms provided
159 by and filed with the Probate Court Administrator, on or before the
160 fifteenth day of April, July, October and January, for the preceding
161 calendar quarter; and "probate court employee" or "employee" means a
162 person employed by a probate court for at least twenty hours per week.

163 (i) The Comptroller may provide for coverage of employees of
164 municipalities, nonprofit corporations, community action agencies and
165 small employers and individuals eligible for a health coverage tax
166 credit, retired members or members of an association for personal care
167 assistants under the plan or plans procured under subsection (a) of this
168 section, provided: (1) Participation by each municipality, nonprofit
169 corporation, community action agency, small employer, eligible
170 individual, retired member or association for personal care assistants
171 shall be on a voluntary basis; (2) where an employee organization
172 represents employees of a municipality, nonprofit corporation,
173 community action agency or small employer, participation in a plan or
174 plans to be procured under subsection (a) of this section shall be by
175 mutual agreement of the municipality, nonprofit corporation,
176 community action agency or small employer and the employee
177 organization only and neither party may submit the issue of
178 participation to binding arbitration except by mutual agreement if such
179 binding arbitration is available; (3) no group of employees shall be
180 refused entry into the plan by reason of past or future health care costs
181 or claim experience; (4) rates paid by the state for its employees under
182 subsection (a) of this section are not adversely affected by this
183 subsection; (5) administrative costs to the plan or plans provided under
184 this subsection shall not be paid by the state; (6) participation in the plan
185 or plans in an amount determined by the state shall be for the duration

186 of the period of the plan or plans, or for such other period as mutually
187 agreed by the municipality, nonprofit corporation, community action
188 agency, small employer, retired member or association for personal care
189 assistants and the Comptroller; and (7) nothing in this section or section
190 12-202a, 38a-551 or 38a-556 shall be construed as requiring a
191 participating insurer or health care center to issue individual policies to
192 individuals eligible for a health coverage tax credit. The coverage
193 provided under this section may be referred to as the "Municipal
194 Employee Health Insurance Plan". The Comptroller may arrange and
195 procure for the employees and eligible individuals under this subsection
196 health benefit plans that vary from the plan or plans procured under
197 subsection (a) of this section. Notwithstanding any provision of part V
198 of chapter 700c, the coverage provided under this subsection may be
199 offered on either a fully underwritten or risk-pooled basis at the
200 discretion of the Comptroller. For the purposes of this subsection, (A)
201 "municipality" means any town, city, borough, school district, taxing
202 district, fire district, district department of health, probate district,
203 housing authority, regional workforce development board established
204 under section 31-3k, regional emergency telecommunications center,
205 tourism district established under section 32-302, flood commission or
206 authority established by special act, regional council of governments,
207 transit district formed under chapter 103a, or the Children's Center
208 established by number 571 of the public acts of 1969; (B) "nonprofit
209 corporation" means (i) a nonprofit corporation organized under 26 USC
210 501 that has a contract with the state or receives a portion of its funding
211 from a municipality, the state or the federal government, or (ii) an
212 organization that is tax exempt pursuant to 26 USC 501(c)(5); (C)
213 "community action agency" means a community action agency, as
214 defined in section 17b-885; (D) "small employer" means a small
215 employer, as defined in section 38a-564; (E) "eligible individuals" or
216 "individuals eligible for a health coverage tax credit" means individuals
217 who are eligible for the credit for health insurance costs under Section
218 35 of the Internal Revenue Code of 1986, or any subsequent
219 corresponding internal revenue code of the United States, as from time
220 to time amended, in accordance with the Pension Benefit Guaranty

221 Corporation; (F) "association for personal care assistants" means an
222 organization composed of personal care attendants who are employed
223 by recipients of service (i) under the home-care program for the elderly
224 under section 17b-342, (ii) under the personal care assistance program
225 under section 17b-605a, (iii) in an independent living center pursuant to
226 sections 17a-792 to 17a-794, inclusive, or (iv) under the program for
227 individuals with acquired brain injury as described in section 17b-260a;
228 and (G) "retired members" means individuals eligible for a retirement
229 benefit from the Connecticut municipal employees' retirement system.

230 (j) (1) Notwithstanding any provision of law to the contrary, the
231 existing rights and obligations of state employee organizations and the
232 state employer under current law and contract shall not be impaired by
233 the provisions of this section. (2) Other conditions of entry for any group
234 into the plan or plans procured under subsection (a) of this section shall
235 be determined by the Comptroller upon the recommendation of a
236 coalition committee established pursuant to subsection (f) of section 5-
237 278, except for such conditions referenced in subsection (g) of this
238 section. (3) Additional determinations by the Comptroller on (A) issues
239 generated by any group's actual or contemplated participation in the
240 plan or plans, (B) modifications to the terms and conditions of any
241 group's continued participation, (C) related matters shall be made upon
242 the recommendation of such committee. (4) Notwithstanding any
243 provision of law to the contrary, a municipal employer and an employee
244 organization may upon mutual agreement reopen a collective
245 bargaining agreement for the exclusive purpose of negotiating on the
246 participation by such municipal employer or employee organization in
247 the plan or plans offered under the provisions of this section.

248 (k) The Comptroller shall submit annually to the General Assembly a
249 review of the coverage of employees of municipalities, nonprofit
250 corporations, community action agencies, small employers under
251 subsection (i) of this section and eligible individuals under subsection
252 (i) of this section beginning February 1, 2004.

253 (l) (1) Effective July 1, 1996, any deputies or special deputies

254 appointed pursuant to section 6-37 of the general statutes, revision of
255 1958, revised to 1999, or section 6-43, shall be allowed to participate in
256 the plan or plans procured by the Comptroller pursuant to subsection
257 (a) of this section. Such participation shall be voluntary and the
258 participant shall pay the full cost of the coverage under such plan.

259 (2) Effective [December 1, 2000] October 1, 2024, any state marshal
260 who works in such state marshal's capacity as a state marshal for less
261 than twenty hours per week, on average, shall be allowed to participate
262 in the plan or plans procured by the Comptroller pursuant to subsection
263 (a) of this section. Such participation shall be voluntary and the
264 participant shall pay the full cost of the coverage under such plan.

265 (3) Effective December 1, 2000, any judicial marshal shall be allowed
266 to participate in the plan or plans procured by the Comptroller pursuant
267 to subsection (a) of this section. Such participation shall be voluntary
268 and the participant shall pay the full cost of the coverage under such
269 plan unless and until the judicial marshals participate in the plan or
270 plans procured by the Comptroller under this section through collective
271 bargaining negotiations pursuant to subsection (f) of section 5-278.

272 (m) (1) Notwithstanding any provision of the general statutes, the
273 Comptroller shall begin procedures to convert the group hospitalization
274 and medical and surgical insurance plans set forth in subsection (a) of
275 this section, including any prescription drug plan offered in connection
276 with or in addition to such insurance plans, to self-insured plans, except
277 that any dental plan offered in connection with or in addition to such
278 self-insured plans may be fully insured.

279 (2) The Comptroller may enter into contracts with third-party
280 administrators to provide administrative services only for the self-
281 insured plans set forth in subdivision (1) of this subsection. Any such
282 third-party administrator shall be required under such contract to
283 charge such third-party administrator's lowest available rate for such
284 services.

285 (3) (A) (i) The Comptroller shall offer nonstate public employers the

286 option to purchase prescription drugs for their employees, employees'
287 dependents and retirees under the purchasing authority of the state
288 pursuant to section 1 of public act 09-206*, subject to the provisions of
289 subparagraph (E) of this subdivision.

290 (ii) For purposes of this subdivision, "nonstate public employer"
291 means (I) a municipality or other political subdivision of the state,
292 including a board of education, quasi-public agency or public library, as
293 defined in section 11-24a, or (II) the Teachers' Retirement Board.

294 (B) The Comptroller shall establish procedures to determine (i) the
295 eligibility requirements for, (ii) the enrollment procedures for, (iii) the
296 duration of, (iv) requirements regarding payment for, and (v) the
297 procedures for withdrawal from and termination of, the purchasing of
298 prescription drugs for nonstate public employers under subparagraph
299 (A) of this subdivision.

300 (C) The Comptroller may offer to nonstate public employers that
301 choose to purchase prescription drugs pursuant to subparagraph (A) of
302 this subdivision the option to purchase stop loss coverage from an
303 insurer at a rate negotiated by the Comptroller.

304 (D) Two or more nonstate public employers may join together for the
305 purpose of purchasing prescription drugs for their employees,
306 employees' dependents and retirees. Such arrangement shall not
307 constitute a multiple employer welfare arrangement, as defined in
308 Section 3 of the Employee Retirement Income Security Act of 1974, as
309 amended from time to time.

310 (E) (i) The Comptroller shall offer nonstate public employers the
311 option to purchase prescription drugs through the plan set forth in the
312 State Employees' Bargaining Agent Coalition's collective bargaining
313 agreement with the state only if the Health Care Cost Containment
314 Committee, established in accordance with the ratified agreement
315 between the state and said coalition pursuant to subsection (f) of section
316 5-278, has indicated in writing to the Comptroller that allowing such
317 nonstate public employers such option is consistent with said coalition's

318 collective bargaining agreement.

319 (ii) Such writing shall not be required if the Comptroller establishes a
320 separate prescription drugs purchasing plan for nonstate public
321 employers.

322 (iii) Nonstate public employers that purchase prescription drugs
323 pursuant to this subdivision shall pay the full cost of their own claims
324 and prescription drugs.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	<i>October 1, 2024</i>	5-259
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Statement of Purpose:

To provide certain state marshals with medical insurance benefits in the same manner as other state employees.

[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.]