



General Assembly

February Session, 2020

Raised Bill No. 191

LCO No. 1615



Referred to Committee on HUMAN SERVICES

Introduced by:
(HS)

AN ACT CONCERNING CHANGES TO THE HUSKY B PROGRAM.

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

1 Section 1. Subsection (a) of section 17b-295 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective from*
3 *passage*):

4 (a) The commissioner shall impose cost-sharing requirements,
5 including the payment of a premium or copayment, in connection with
6 services provided under HUSKY B, to the extent permitted by federal
7 law. Copayments under HUSKY B shall [be the same as] not exceed
8 those in effect for active state employees enrolled in a point-of-
9 enrollment health care plan, provided the household's annual combined
10 premiums and copayments do not exceed the maximum annual
11 aggregate cost-sharing requirement. The cost-sharing requirements
12 imposed by the commissioner shall be in accordance with the following
13 limitations:

14 (1) The commissioner may increase the maximum annual aggregate
15 cost-sharing requirements, provided such cost-sharing requirements

16 shall not exceed five per cent of the household's gross annual income.

17 (2) In accordance with federal law, the commissioner may impose a
18 premium requirement on households whose income exceeds two
19 hundred forty-nine per cent of the federal poverty level as a component
20 of the household's cost-sharing responsibility; [and, for the fiscal years
21 ending June 30, 2012, to June 30, 2016, inclusive, may annually increase
22 the premium requirement based on the percentage increase in the
23 Consumer Price Index for medical care services;] and

24 (3) The commissioner shall monitor copayments and premiums
25 under the provisions of subdivision (1) of this subsection.

26 Sec. 2. Section 17b-266 of the general statutes is repealed and the
27 following is substituted in lieu thereof (*Effective from passage*):

28 (a) The Commissioner of Social Services may, when the commissioner
29 finds it to be in the public interest, fund part or all of the cost of benefits
30 to any recipient under sections 17b-260 to 17b-262, inclusive, 17b-264 to
31 17b-285, inclusive, 17b-357 to 17b-361, inclusive, 17b-290, as amended
32 by this act, 17b-292, [17b-294a,] 17b-295, as amended by this act, 17b-
33 297a, 17b-297b and 17b-300 through the purchase of insurance from any
34 organization authorized to do a health insurance business in this state
35 or from any organization specified in subsection (b) of this section.

36 (b) The Commissioner of Social Services may require recipients of
37 Medicaid or other public assistance to receive medical care on a
38 prepayment or per capita basis, in accordance with federal law and
39 regulations, if such prepayment is anticipated to result in lower medical
40 assistance costs to the state. The commissioner may enter into contracts
41 for the provision of comprehensive health care on a prepayment or per
42 capita basis in accordance with federal law and regulations, with the
43 following: (1) A health care center subject to the provisions of chapter
44 698a; (2) a consortium of federally qualified community health centers
45 and other community-based providers of health services which are
46 funded by the state; (3) other consortia of providers of health care
47 services established for the purposes of this subsection; or (4) an

48 integrated service network providing care management and
49 comprehensive health care on a prepayment or per capita basis to
50 elderly and disabled recipients of Medicaid who may also be eligible for
51 Medicare.

52 (c) Providers of comprehensive health care services as described in
53 subdivisions (2), (3) and (4) of subsection (b) of this section shall not be
54 subject to the provisions of chapter 698a or, in the case of an integrated
55 service network, sections 17b-239 to 17b-245, inclusive, 17b-281, 17b-340,
56 17b-342 and 17b-343. Any such provider shall be certified by the
57 Commissioner of Social Services in accordance with criteria established
58 by the commissioner, including, but not limited to, minimum reserve
59 fund requirements.

60 (d) The commissioner shall pay all capitation claims which would
61 otherwise be reimbursed to the health plans described in subsection (b)
62 of this section in May, 2010, no later than June 30, 2010. Each subsequent
63 payment made by the commissioner to such health plans for capitation
64 claims due shall be made in the second month following the month to
65 which the capitation applies.

66 (e) On or after May 1, 2000, the payment to the Commissioner of
67 Social Services of (1) any monetary sanction imposed by the
68 commissioner on a managed care organization under the provisions of
69 a contract between the commissioner and such organization entered
70 into pursuant to this section or sections 17b-290, as amended by this act,
71 17b-292, [17b-294a,] 17b-295, as amended by this act, 17b-297a, 17b-297b
72 and 17b-300, or (2) any sum agreed upon by the commissioner and such
73 an organization as settlement of a claim brought by the commissioner
74 or the state against such an organization for failure to comply with the
75 terms of a contract with the commissioner or fraud affecting the
76 Department of Social Services shall be deposited in an account
77 designated for use by the department for expenditures for children's
78 health programs and services.

79 Sec. 3. Section 17b-290 of the general statutes is repealed and the

80 following is substituted in lieu thereof (*Effective from passage*):

81 As used in this section and sections 17b-292, [17b-294a,] 17b-295, as
82 amended by this act, 17b-297a, 17b-297b and 17b-300:

83 (1) "Applicant" means an individual over the age of eighteen years
84 who is a natural or adoptive parent, a legal guardian, a caretaker
85 relative, foster parent or stepparent with whom the child resides and
86 shall include a child who is eighteen years of age or emancipated in
87 accordance with the provisions of sections 46b-150 to 46b-150e,
88 inclusive, and who is applying on his own behalf or on behalf of a minor
89 dependent for coverage under such plan;

90 (2) "Child" means an individual under nineteen years of age;

91 (3) "Coinsurance" means the sharing of health care expenses by the
92 insured and an insurer in a specified ratio;

93 (4) "Commissioner" means the Commissioner of Social Services;

94 (5) "Copayment" means a payment made on behalf of a member for a
95 specified service under HUSKY B;

96 (6) "Cost sharing" means arrangements made on behalf of a member
97 whereby an applicant pays a portion of the cost of health services,
98 sharing costs with the state and includes copayments, premiums,
99 deductibles and coinsurance;

100 (7) "Deductible" means the amount of out-of-pocket expenses that
101 would be paid for health services on behalf of a member before
102 becoming payable by the insurer;

103 (8) "Department" means the Department of Social Services;

104 (9) "Durable medical equipment" means equipment that meets all of
105 the following requirements:

106 (A) Can withstand repeated use;

- 107 (B) Is primarily and customarily used to serve a medical purpose;
- 108 (C) Generally is not useful to a person in the absence of an illness or
109 injury; and
- 110 (D) Is nondisposable;
- 111 (10) "Eligible beneficiary" means a child who meets the requirements
112 in section 17b-292, and the requirements specified in Section
113 2110(b)(2)(B) of the Social Security Act as amended by Section
114 10203(b)(2)(D) of the Affordable Care Act;
- 115 (11) "Household" has the same meaning as provided in 42 CFR
116 435.603;
- 117 (12) "Household income" has the same meaning as provided in 42
118 CFR 435.603;
- 119 (13) "HUSKY A" means Medicaid provided to children, caretaker
120 relatives and pregnant and postpartum women pursuant to section 17b-
121 261 or 17b-277;
- 122 (14) "HUSKY B" means the health coverage for children established
123 pursuant to the provisions of sections 17b-290, as amended by this act,
124 17b-292, [17b-294a,] 17b-295, as amended by this act, 17b-297a, 17b-297b
125 and 17b-300;
- 126 (15) "HUSKY C" means Medicaid provided to individuals who are
127 sixty-five years of age or older or who are blind or have a disability;
- 128 (16) "HUSKY D" or "Medicaid Coverage for the Lowest Income
129 Populations program" means Medicaid provided to nonpregnant low-
130 income adults who are age eighteen to sixty-four, as authorized
131 pursuant to section 17b-8a;
- 132 (17) "HUSKY Health" means the combined HUSKY A, HUSKY B,
133 HUSKY C and HUSKY D programs, that provide medical coverage to
134 eligible children, parents, relative caregivers, persons age sixty-five or

135 older, individuals with disabilities, low-income adults, and pregnant
136 women;

137 [(18)] "HUSKY Plus" means the supplemental health program
138 established pursuant to section 17b-294a for medically eligible members
139 of HUSKY B whose medical needs cannot be accommodated within the
140 basic benefit package offered to members. HUSKY Plus shall
141 supplement coverage for those medically eligible members with
142 intensive physical health needs;]

143 [(19)] (18) "Member" means an eligible beneficiary who receives
144 services under HUSKY A, B, C or D;

145 [(20)] (19) "Parent" means a natural parent, stepparent, adoptive
146 parent, guardian or custodian of a child;

147 [(21)] (20) "Premium" means any required payment made by an
148 individual to offset the cost under HUSKY B;

149 [(22)] (21) "Qualified entity" means any entity: (A) Eligible for
150 payments under a state plan approved under Medicaid and which
151 provides medical services under HUSKY A, or (B) that is a qualified
152 entity, as defined in 42 USC 1396r-1a, as amended by Section 708 of
153 Public Law 106-554, and that is determined by the commissioner to be
154 capable of making the determination of eligibility. The commissioner
155 shall provide qualified entities with such forms or information on filing
156 an application electronically as is necessary for an application to be
157 made on behalf of a child under HUSKY A and information on how to
158 assist parents, guardians and other persons in completing and filing
159 such forms or electronic application; and

160 [(23)] (22) "WIC" means the federal Special Supplemental Food
161 Program for Women, Infants and Children administered by the
162 Department of Public Health pursuant to section 19a-59c.

163 Sec. 4. Section 17b-304 of the general statutes is repealed and the
164 following is substituted in lieu thereof (*Effective from passage*):

165 The Commissioner of Social Services shall implement the policies and
166 procedures necessary to carry out the provisions of sections 17b-292,
167 [17b-294a,] 17b-295, as amended by this act, 17b-297a, 17b-297b and 17b-
168 300 while in the process of adopting such policies and procedures in
169 regulation form, provided notice of intent to adopt the regulations is
170 [published] posted on the Department of Social Services' Internet web
171 site and the eRegulations System not later than twenty days after
172 implementation. Such policies and procedures shall be valid until the
173 time final regulations are effective.

174 Sec. 5. Section 17b-294a of the general statutes is repealed. (*Effective*
175 *from passage*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17b-295(a)
Sec. 2	<i>from passage</i>	17b-266
Sec. 3	<i>from passage</i>	17b-290
Sec. 4	<i>from passage</i>	17b-304
Sec. 5	<i>from passage</i>	Repealer section

Statement of Purpose:

To cap copayments to the HUSKY B health program and repeal a program offering intensive services that are offered under a related program.

[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.]