

General Assembly

Raised Bill No. 1217

January Session, 2023

LCO No. 4750



Referred to Committee on APPROPRIATIONS

Introduced by: (APP)

AN ACT CONCERNING PAYMENTS BY INSURANCE COMPANIES FOR DEPOSIT INTO THE INSURANCE FUND.

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

- Section 1. Section 38a-47 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2023*):
- 3 (a) All domestic insurance companies and other domestic entities
- 4 subject to taxation under chapter 207, except as provided in subdivisions
- 5 (2) and (3) of this subsection, shall, in accordance with section 38a-48, as
- 6 <u>amended by this act</u>, annually pay to the Insurance Commissioner, for
- 7 deposit in the Insurance Fund established under section 38a-52a, an
- 8 amount equal to:
- 9 (1) The actual expenditures made by the Insurance Department
- 10 during each fiscal year; [, and the actual expenditures made by the
- 11 Office of the Healthcare Advocate, including the cost of fringe benefits
- 12 for department and office personnel as estimated by the Comptroller;]
- 13 (2) For only domestic insurance companies, including domestic
- 14 health care centers, that have written policies of health insurance, as

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- defined in section 38a-469, in this state during the preceding calendar
- 16 year, the actual expenditures made by the Office of the Healthcare
- 17 Advocate, including the cost of fringe benefits for department and office
- 18 personnel as estimated by the Comptroller;
- 19 [(2) The] (3) For only domestic insurance companies, including
- 20 <u>domestic health care centers, that have written policies of health</u>
- 21 <u>insurance</u>, as defined in section 38a-469, in this state during the
- 22 <u>preceding calendar year, the</u> amount appropriated to the Office of
- 23 Health Strategy from the Insurance Fund for the fiscal year, including
- 24 the cost of fringe benefits for office personnel as estimated by the
- 25 Comptroller, which shall be reduced by the amount of federal
- 26 reimbursement received for allowable Medicaid administrative
- 27 expenses;
- [(3)] (4) The expenditures made on behalf of the department and said
- 29 offices from the Capital Equipment Purchase Fund pursuant to section
- 30 4a-9 for such year, but excluding such estimated expenditures made on
- 31 behalf of the Health Systems Planning Unit of the Office of Health
- 32 Strategy; and
- [(4)] (5) The amount appropriated to the Department of Aging and
- 34 Disability Services for the fall prevention program established in section
- 35 17a-859 from the Insurance Fund for the fiscal year.
- 36 (b) The expenditures and amounts specified in subdivisions (1) to
- 37 [(4)] (5), inclusive, of subsection (a) of this section shall exclude
- 38 expenditures paid for by fraternal benefit societies, foreign and alien
- 39 insurance companies and other foreign and alien entities under sections
- 40 38a-49 and 38a-50.
- 41 (c) Payments shall be made by assessment of all such domestic
- 42 insurance companies and other domestic entities calculated and
- 43 collected in accordance with the provisions of section 38a-48, as
- 44 <u>amended by this act</u>. Any such domestic insurance company or other
- 45 domestic entity aggrieved because of any assessment levied under this
- 46 section may appeal therefrom in accordance with the provisions of

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47 section 38a-52.

- Sec. 2. Subsections (a) to (c), inclusive, of section 38a-48 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1*, 2023):
 - (a) (1) On or before June thirtieth, annually, the Commissioner of Revenue Services shall render to the Insurance Commissioner a statement certifying the amount of taxes or charges imposed on each domestic insurance company or other domestic entity under chapter 207 on business done in this state during the preceding calendar year. The statement for local domestic insurance companies shall set forth the amount of taxes and charges before any tax credits allowed as provided in subsection (a) of section 12-202.
- 59 (2) Upon receipt of the statement described in subdivision (1) of this subsection, the Insurance Commissioner shall prepare a statement of the amount of taxes or charges imposed on each domestic insurance company or other domestic entity under chapter 207 that wrote policies of health insurance, as defined in section 38a-469, in this state. Such amount shall be that as certified by the Commissioner of Revenue Services in accordance with subdivision (1) of this subsection.
 - (b) On or before July thirty-first, annually, the Insurance Commissioner and the Office of the Healthcare Advocate shall render to each domestic insurance company or other domestic entity liable for payment under section 38a-47, as amended by this act:
 - (1) A statement that includes, as separate line items, for the fiscal year beginning July first of the year such statement is rendered: (A) [the] The amount appropriated to the Insurance Department [,] from the Insurance Fund established under section 38a-52a, (B) the amount appropriated to the Office of the Healthcare Advocate [and] from the Insurance Fund; (C) the amount appropriated to the Office of Health Strategy from the Insurance Fund, [established under section 38a-52a for the fiscal year beginning July first of the same year, (B)] (D) the cost of fringe benefits for department and office personnel, [for such year,]

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as estimated by the Comptroller, [(C)] (E) the estimated expenditures on behalf of the department and the offices from the Capital Equipment Purchase Fund pursuant to section 4a-9, [for such year,] not including such estimated expenditures made on behalf of the Health Systems Planning Unit of the Office of Health Strategy, and [(D)] (F) the amount appropriated to the Department of Aging and Disability Services for the fall prevention program established in section 17a-859 from the Insurance Fund; [for the fiscal year;]

- (2) [a] A statement of (A) (i) the total taxes imposed on all domestic insurance companies and domestic insurance entities under chapter 207 on business done in this state during the preceding calendar year, and (ii) each such company's or entity's proportionate share of such total, and (B) (i) the total taxes imposed under chapter 207 on only those domestic insurance companies and entities that provided health insurance, as defined in section 38a-469, in this state during the preceding calendar year, and (ii) each such company's or entity's proportionate share of such total; and
- (3) [the] <u>The</u> proposed assessment against that company or entity, calculated in accordance with the provisions of subsection (c) of this section, provided for the purposes of this calculation the amount appropriated to the Insurance Department, the Office of the Healthcare Advocate and the Office of Health Strategy from the Insurance Fund plus the cost of fringe benefits for department and office personnel and the estimated expenditures on behalf of the department and the office from the Capital Equipment Purchase Fund pursuant to section 4a-9, not including such expenditures made on behalf of the Health Systems Planning Unit of the Office of Health Strategy shall be deemed to be the actual expenditures of the department and the office, and the amount appropriated to the Department of Aging and Disability Services from the Insurance Fund for the fiscal year for the fall prevention program established in section 17a-859 shall be deemed to be the actual expenditures for the program.
- (c) (1) The proposed assessments for each domestic insurance

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company or other domestic entity shall be calculated by (A) allocating twenty per cent of the amount to be paid under section 38a-47, as amended by this act, among the domestic entities organized under sections 38a-199 to 38a-209, inclusive, and 38a-214 to 38a-225, inclusive, in proportion to their respective shares of the total taxes and charges imposed under chapter 207 on such entities on business done in this state during the preceding calendar year, and (B) allocating eighty per cent of (i) the amount to be paid under subdivisions (1), (4) and (5) of subsection (a) of section 38a-47, as amended by this act, among all domestic insurance companies and domestic entities, and (ii) the amount to be paid under subdivisions (2) and (3) of subsection (a) of section 38a-47, as amended by this act, among only those domestic insurance companies and entities that provided health insurance in this state during the preceding calendar year, in each case other than those organized under sections 38a-199 to 38a-209, inclusive, and 38a-214 to 38a-225, inclusive, in proportion to their respective shares of the total taxes and charges imposed under chapter 207 on such domestic insurance companies and domestic entities on business done in this state during the preceding calendar year, provided if there are no domestic entities organized under sections 38a-199 to 38a-209, inclusive, and 38a-214 to 38a-225, inclusive, at the time of assessment, one hundred per cent of the amount to be paid under section 38a-47, as amended by this act, shall be allocated among such domestic insurance companies and domestic entities.

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(2) When the amount any such company or entity is assessed pursuant to this section exceeds twenty-five per cent of the actual expenditures of the Insurance Department, the Office of the Healthcare Advocate and the Office of Health Strategy from the Insurance Fund, such excess amount shall not be paid by such company or entity but rather shall be assessed against and paid by all other such companies and entities in proportion to their respective shares of the total taxes and charges imposed under chapter 207 on business done in this state during the preceding calendar year, except that for purposes of any assessment made to fund payments to the Department of Public Health to purchase

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vaccines, such company or entity shall be responsible for its share of the costs, notwithstanding whether its assessment exceeds twenty-five per cent of the actual expenditures of the Insurance Department, the Office of the Healthcare Advocate and the Office of Health Strategy from the Insurance Fund. The provisions of this subdivision shall not be applicable to any corporation which has converted to a domestic mutual insurance company pursuant to section 38a-155 upon the effective date of any public act which amends said section to modify or remove any restriction on the business such a company may engage in, for purposes of any assessment due from such company on and after such effective date.

This act shall take effect as follows and shall amend the following		
sections:		
Section 1	July 1, 2023	38a-47
Sec. 2	July 1, 2023	38a-48(a) to (c)

Statement of Purpose:

To realign the structure of payments by insurance companies into the Insurance Fund.

[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.]

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