

PA13-74

SB1129

House	6145-6148	4
Public Health	4530-4533	4
Senate	2216-2223, 2283-2285	11
		19

H – 1167

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2013**

**VOL.56
PART 18
5882 – 6232**

Thank you, Madam Chair. I would like to make an introduction.

DEPUTY SPEAKER SAYERS:

Please proceed, Ma'am.

REP. WOOD (141st):

Thank you. I would like to introduce to the Chamber Darien's First Selectman, Jamie Stevenson was up here for a meeting on the MORA Commission and meeting with Representative Rojas and just wanted to introduce the Chamber to Jamie and Jamie to the Chamber and give her a warm welcome. Thank you.

DEPUTY SPEAKER SAYERS:

Thank you. And welcome to the Chamber. Will the Clerk please call Calendar number 614.

THE CLERK:

Yes, Madam Chair. On page 35, Calendar number 614, favorable report of the joint standing Committee on Insurance and Real Estate, substitute Senate Bill 1129, AN ACT CONCERNING HEALTH PLAN DATA.

DEPUTY SPEAKER SAYERS:

Representative Johnson.

REP. JOHNSON (49th):

Good afternoon, Madam Chair. I move the joint committee's favorable report and passage of the bill.

DEPUTY SPEAKER SAYERS:

The question before the Chamber is acceptance of the joint committee's favorable report and passage of the bill. Representative Johnson, you have the floor, Ma'am.

REP. JOHNSON (49th):

Yes. The bill is to require the Connecticut Health Exchange Board to submit a quarterly report to the Public Health and Human Services Committee and the Insurance and Real Estate Committees so that they will be able to collect data on enrollment, insurance costs, coverage costs for individuals in different income brackets. I move adoption.

DEPUTY SPEAKER SAYERS:

The question before the Chamber is acceptance of the joint committee's favorable report and passage of the bill. Will you remark? Will you remark further on this bill that is before us? Representative Srinivasan of the 31st.

REP. SRINIVASAN (31st):

Good afternoon, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Good afternoon, Sir.

REP. SRINIVASAN (31st):

And thank you for the indulgence. I appreciate that very much. As brought out by our esteemed Chair of the Public Health Committee this bill requires the Connecticut Health Insurance Exchange Board of Directors to report first by March 13 and then on a quarterly basis the information regarding the enrollment, insurance costs and coverage for individuals in the various income brackets about the federal poverty level.

This bill passed the Senate unanimously as we are aware of and all the testimony that we have received in public hearing was favorable with no opposition at all. This is an important way for the various committees of cognizance to -- to evaluate the costs and the benefits of a basic healthcare program and I urge adoption on both sides of the aisle, Madam Speaker.

DEPUTY SPEAKER SAYERS:

Representative Johnson. Will you remark further? Will you remark further on the bill that is before us? If not, will staff and guests come to the well of the House. Will the members take their seats. And the machine will be opened.

THE CLERK:

The House of Representatives is voting by roll.

The House of Representatives is voting by roll. Will members please return to the Chamber immediately.

DEPUTY SPEAKER SAYERS:

Have all the members voted? Have all the members voted? Please check the board to see that your vote has been properly cast. If all the members have voted then the machine will be locked. And the Clerk will take a tally. The Clerk will announce the tally.

THE CLERK:

Substitute Senate Bill 1129 in concurrence with the Senate.

Total Number Voting	132
Necessary for Adoption	67
Those voting aye	132
Those voting nay	0
Absent and not voting	18

DEPUTY SPEAKER SAYERS:

The bill passes in concurrence with the Senate.

Would the Clerk please call Calendar number 618

THE CLERK:

On page 35, Calendar number 618, favorable report of the joint standing Committee on Public Health, substitute Senate Bill 872, AN ACT CONCERNING THE USE

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 14
4317-4577**

2013

Legal Assistance Resource Center
❖ of Connecticut, Inc. ❖

44 Capitol Avenue, Suite 301 ❖ Hartford, CT 06106-1764
(860) 278-5688 ❖ FAX (860) 278-2957.

**Testimony before the Public Health Committee
in support of S.B. 1129, An Act Concerning Health Plan Data**

by Jane McNichol, Executive Director
March 20, 2013

I am Jane McNichol, Executive Director of the Legal Assistance Resource Center of Connecticut, the advocacy and support center for legal services programs in the state. We represent the interests of very-low income residents of the state. I am also a member of the Basic Health Plan Work Group, which was convened by the Office of Health Reform and Innovation to evaluate the state Basic Health Program (SBHP) option under the Affordable Care Act.

I am here to express strong support for SB 1129, An Act Concerning Health Plan Data. This bill codifies the recommendations of the Basic Health Plan Work Group. The data to be collected will enable the Work Group and state policymakers to evaluate the need for and feasibility of a State Basic Health Program once the federal government has issued guidance on this option.

The SBHP option was designed to provide a mechanism for high-cost states such as Connecticut to provide affordable health care to adults with incomes between 133% and 200% of the federal poverty level. This provision was included in federal law because of concern that the cost of participation in plans in the Exchange, even with subsidies, would be prohibitive to low-income residents of high-cost states.

After considerable discussion of this option last session, the Office of Health Reform and Innovation set up a Basic Health Plan Work Group to make recommendations on whether a State Basic Health Program should be adopted in Connecticut. The Work Group worked over the summer with significant help from the Office of Policy and Management and research by the Milliman consulting firm.

By November, it was clear that the needed guidance from the federal government would not be available in time to implement a SBHP in January of 2014. The Group adopted recommendations to defer a final decision about a SBHP until federal guidance was available.

The Group also recommended that the Exchange collect information about the experience of individuals with incomes between 133% and 200% of the federal poverty level in the Exchange to inform a decision about the adoption of a Basic Health Program in 2015. **This bill will ensure that that data is collected and is available for consideration when federal guidance on implementing a State Basic Health Program is issued.**

Testimony Supporting Raised Bill 1129: An Act Concerning Health Plan Data

Sharon D. Langer

Public Health Committee

March 20, 2013

Senator Gerratana, Representative Johnson and Members of the Public Health Committee:

I am interim executive director of Connecticut Voices for Children, a research-based public education and advocacy organization that works statewide to promote the well-being of Connecticut' children, youth, and families.

I am testifying on behalf of Connecticut Voices in support of Raised Bill 1129, An Act Concerning Health Plan Data.

R.B. 1129 would codify the recommendations of the Basic Health Plan Work Group.¹ I was an active member of the work group which was created by the Office of Health Reform and Innovation "to explore the Basic Health Plan (BHP) option in the Patient Protection and Affordable Care Act and its implications for residents and the state of Connecticut."² *Codifying the recommendations of the work group will ensure that lawmakers have the information they need to determine whether to establish a Basic Health Plan.*

The BHP is an alternative approach to covering uninsured residents with income between 133% and 200% FPL. According to federal law, a state would receive the federal funding that would have otherwise have been used to subsidize private health insurance coverage on an exchange. A state could then establish an insurance plan that is tailored to the health and financial needs of this population.

The work group reviewed information and analyses to determine whether a BHP was a viable option for Connecticut residents. In December, the work group determined that "due to uncertainties outlined in reports and analyses by Milliman³ and the University of Massachusetts⁴, as well as a lack of federal guidance and other information needed to make a decision about whether to proceed with a Basic Health Plan in Connecticut," the work group agreed to defer the decision about the adoption of such a Plan until "there is further information available to evaluate the costs and benefits of a Basic Health Plan." To that end, the work group (made up of members of the General Assembly, the Office of Policy and Management, the Health Insurance Exchange, advocates for low-income individuals and families, the Connecticut Hospital Association, Connecticut Association of Health Plans, Community Health Center Association of Connecticut and others), also issued recommendations that data be collected by the Health Insurance Exchange

¹ The Recommendation to the Office of Health Reform & Innovation and the Department of Social Services, available at <http://www.healthreform.ct.gov/ohri/lib/ohri/BasicHealthPlanWorkGroupRecommendation.pdf>

² *Id.*

³ Presentation to State of Connecticut Basic Health Program Work Group, Milliman (Nov. 19, 2012), available at <http://www.healthreform.ct.gov/ohri/lib/ohri/BasicHealthPlanWorkGroupMillimanPresentation111912.pdf>; State of Connecticut Basic Health Program Actuarial Analysis, Milliman (Dec. 13, 2012), available at <http://www.healthreform.ct.gov/ohri/lib/ohri/BasicHealthPlanWorkGroupMillimanActuarialAnalysisReport.pdf>

⁴ Evaluating the State Basic Health Program in Connecticut, Legal Assistance Resource Center (Jan. 2012), available at http://www.larcc.org/files/larcc_files/SBHP%20FINAL%20BRIEF.pdf

and the Department of Social Services during 2014 in order for the Work group to reconvene in January 2015 to determine the “costs and benefits of a BHP in light of the experience of individuals in the target group. . .”⁵

Similar to the work group recommendations, R.B. 1129 requires the Health Insurance Exchange Board to collect data about the extent to which individuals in the targeted group sign up for insurance and utilize health services, as well as the costs associated with their insurance coverage, the extent to which these individuals experience gaps in coverage, and other data that is crucial to determining whether the exchange is meeting the needs of this vulnerable group.

The proposed legislation also directs the Board to collect “any other information that said board believes is necessary to allow [the legislature’s public health, human services and insurance committees] to evaluate the cost and benefits of a basic health plan.” We agree that the more information that this legislative body has to decide what is in the best interests of the Connecticut residents the better.

We applaud the public health committee for raising An Act Concerning Health Plan Data. We hope it becomes law.

Thank you for this opportunity to testify in support of Raised Bill 1129. Please feel free to contact me if you have questions or need additional information.

⁵ The Recommendation to the Office of Health Reform & Innovation and the Department of Social Services, *supra* at 2.
Connecticut Voices for Children



Office of the
Healthcare
Advocate
STATE OF CONNECTICUT

**Testimony of Victoria Veltri
State Healthcare Advocate
Before the Public Health Committee
In support of SB 1129
March 20, 2013**

Good morning, Representative Johnson, Senator Gerratana, Senator Welch, Representative Srinivasan, and members of the Public Health Committee. For the record, I am Vicki Veltri, State Healthcare Advocate with the Office Healthcare Advocate ("OHA"). OHA is an independent state agency with a three-fold mission: assuring managed care consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health insurance plans; and informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

Thank you for the opportunity to comment on SB 1129, An Act Concerning Health Plan Data. This proposed bill acts on key recommendations from the Office of Health Reform and Innovation's Basic Health Plan Work Group. A key element in the discussion concerning the merits of forming a Basic Health Plan ("BHP") in Connecticut was the uncertainty of what this program would cost, as well as concerns about the affordability of the Exchange for this population.

Assessing the claim experience of this group through data analysis in the eight key areas identified by the work group is critical to the ongoing discussion surrounding the merits and costs of a BHP. The data that SB 1129 requires the Health Insurance Exchange's Board of Directors to collect and report on will be an important measure of how affordable products through the Exchange will be for this threshold group.

Thank you for providing me the opportunity to deliver OHA's testimony today. If you have any questions concerning my testimony, please feel free to contact me at victoria.veltri@ct.gov.

S - 659

**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

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2013**

**VOL. 56
PART 8
2153 - 2500**

Seeing no objection, so ordered.

Mr. Clerk.

THE CLERK:

On Calendar Page 46, Calendar Number 406, Substitute for Senate Bill Number 1129, AN ACT CONCERNING HEALTH PLAN DATA, favorable committee from the -- Favorable Report from the Committee on Public Health.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President.

Mr. President, I move acceptance of the joint committee's Favorable Report and passage of the bill.

THE CHAIR:

On acceptance and passage, will you remark, madam?

SENATOR GERRATANA:

Yes, I will. Thank you, Mr. President.

This bill comes to us; it's going to do, hopefully, what we are directing under the bill to do, and that is to collect information on a population of individuals who may be seeking insurance coverage under our new health exchange.

I would like to give the Chamber just a little bit of history on this. There was a task force, a -- a basic health plan task force, I should say -- every time I think of BHP, I think of behavioral health, because that's been on our minds lately -- but a basic health plan task force. It adjourned at the end of December of 2012, and at that time there were some recommendations that were made. And amongst the recommendations was the collection of data on the population that a basic health plan would cover.

Now, the committee, I want the Chamber to know that when we did adjourn, we said we would not reconvene and look at this population until such time as the federal government would adopt regulations; so far, that has not happened.

However, very often, particularly in our state, I certainly feel that prevention is a very good thing. And this bill, collecting the data that it will, will help us understand if, indeed, this population is what we call a churning population, that they may be able to acquire insurance, health care insurance, but then because of the income levels that they are at, they may drop that insurance. This would be very concerning to us all for a variety of reasons.

Based on that, I hope that the Chamber will pass the bill.

Thank you, Madam -- Mr. President.

THE CHAIR:

Thank you, Senator.

Will you remark on the bill?

Senator Welch.

SENATOR WELCH:

Thank you, Mr. President.

If I may, a question through you to the proponent of the bill.

THE CHAIR:

Please proceed, sir.

SENATOR WELCH:

I recall when the bill was first brought forward and -- and also in prior years, as we talked about a basic health plan and the population and the needs, that there was concern amongst members in the Public Health Committee and elsewhere that really this bill was kind

of a prelude to a basic health plan. But I think, at least my understanding has matured on that, and it doesn't appear that a basic health plan is in the works. And I don't know if, through you, whether or not Senator Gerratana would have any information in that regard.

Through you, Mr. President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President.

Yes. Since the time that even our committee, our study committee or task force committee adjourned, I have learned that the federal government has made no move nor will they any time in the future that I'm aware of, at least at this point of time, to adopt regulations.

In fact, I have learned that the State of Oregon, which had a basic health plan, has moved to rescind that, basically because the federal government has indicated no inclination or move at all to adopt a basic health plan.

And just to, again, reassure the Chamber, although we will not have one, it is good to be aware of our citizens if they do not have the appropriate coverage, which of course will be required under federal law.

Thank you, Mr. President.

THE CHAIR:

Senator Welch.

SENATOR WELCH:

And I thank you, Mr. President.

And I thank Senator Gerratana for that answer.

In the Public Health Committee, I did have some concerns and questions as to where we were going and what we were going to do with this information. Those have been alleviated now. I think that this is a population that we really need to make sure we are serving and serving well and cost effectively. And I think by gathering this information, that will help us go a long way in making appropriate policy decisions, whatever those might be.

So I will be supporting this bill at this time.

Thank you, Mr. President.

THE CHAIR:

Thank you.

Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

Through you, a question or two to the proponent of the bill.

THE CHAIR:

Please proceed, sir.

SENATOR KANE:

Thank you, Mr. President.

The health exchange that this refers to, insofar as the people that are able to enter the health exchange, is there a mandate from the federal government in regard to poverty level and what level or what degree they fall on that scale as to participate in, on this exchange?

Through you, Mr. President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President.

The exchange will -- the -- if we're talking about federal poverty level or income levels, there are, of course, from my understanding and from what we know about the exchange is that of course the federal government is going to pay attention to this for a variety of reasons, and that is, first of all, because of income level, what plans they may be eligible for and also if they would be eligible for subsidies.

So, absolutely, this data collection, if you will, will be easy to do because it is something that is required. Exchanges are going to help people and also monitor people.

Through you, Mr. President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

And the reason I asked that question, because it says how the bill requires the board to include in each year's first quarterly report the number of people in households with income from 133 percent up to and including 200 percent. So my question is: Are we looking to include individuals higher or greater than the federal poverty level?

Through you.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Through you, Mr. President.

I believe my understanding of the health exchange is that it is for individuals and also for small businesses who do not -- these are individuals or small businesses who cannot provide health care insurance. Memory is a little fuzzy as to whether there's a cap on that, but I think these are products that anyone can purchase -- through you -- regardless of income level.

Through you, Mr. President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

I guess the question I'm getting at is: If the federal level, let's say, is a hundred thirty-three percent and we as a state offer benefits to those that could be above a hundred and thirty-three percent including up to 200 percent, as it says in this bill, are we then, for lack of a better term, on the hook for those individuals as it is a benefit that is greater than what the federal law requires? That's, I guess that's where I'm going with that.

Through you.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President.

Through you, I'm not sure I understand where you're going with that. If you believe that because they're -- well, let me rephrase that. At certain levels, poverty levels, they're -- it may be determined that they will be going into a Medicaid plan. It may be determined that they can afford to pay one but need a subsidy to do so, and it doesn't leave us responsible.

However, it is important for us to know if they're not going to have health care, and I don't know what the solution is to that in the future if the federal government does not adopt a basic health plan. But working with the health exchange, it may be appropriate to talk with them and work with them about a more affordable plan, if, indeed, it's a large population that is not covered.

Through you, Mr. President.

THE CHAIR:

Senator Kane.

SENATOR KANE:

Thank you, Mr. President.

I -- I, and I appreciate that answer. I guess what I was just trying to discern is whether we are going to be offering any benefits above and beyond, let's say, what's included in the Affordable Care Act or what's required by federal law. And that's with I was going with that.

But if you say that these individuals will be covered under Medicaid or some other subsidized plan, then -- then that answers my question. I was just trying to make sure that we are not looking to expand upon a program greater than what is required by the federal Affordable Care Act; that's all.

So thank you, Mr. President.

THE CHAIR:

Thank you, Senator Kane.

Will you remark further on the bill? Will you remark further on the bill?

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Mr. President.

If there's no objection, I ask this item be placed on Consent.

THE CHAIR:

Seeing and hearing no objection, so ordered.

Mr. Clerk.

THE CLERK:

On Calendar Page Number 24, Calendar Number 526,
Substitute for Senate Bill Number 1079, AN ACT
INCREASING THE MANUFACTURING APPRENTICESHIP TAX
CREDIT, Favorable Report from the Commerce Committee.

THE CHAIR:

Senator LeBeau.

SENATOR LeBEAU:

Good evening, Mr. President.

I move acceptance --

THE CHAIR:

Good evening.

SENATOR LeBEAU:

-- of the joint committee's Favorable Report and
passage of the bill.

THE CHAIR:

On acceptance and passage, will you remark?

SENATOR LeBEAU:

Thank you, Mr. President.

Just one second, please.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, if the Clerk would now proceed to read the items placed on the Consent Calendar today, before calling for a vote on that Consent Calendar.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Beginning on Calendar Page 3, Number 146, Senate Bill Number 959; also on Calendar Page 3, Number 165, Senate Bill 327.

On Calendar Page 8, Number 303, Senate Bill Number 1018.

On Page 22, Calendar Number 511, House Bill 6243.

On Page 23, Calendar Number 517, House Bill 6453.

On Page 24, Calendar Number 525, House Bill 6457; also on Page 24, Calendar Number 526, Senate Bill 1079.

On Page 25, Calendar Number 527, Senate Bill 1131; also on Page 25, Calendar Number 529, Senate Bill 965. Finally, on Page 25, Calendar Number 531, Senate Bill 986.

On Page 29, Calendar Number 562, House Bill 5387.

On Page 35, Calendar Number 39, Senate Bill 597.

On Page 40, Calendar 210, Senate Bill 817.

THE CHAIR:

Mr. Clerk, on Page 35, have you also seen Calendar Number 44, Senate Bill 809?

A VOICE:

Yeah.

THE CHAIR:

(Inaudible) wrong. Okay. Okay; I apologize, sir.

Please proceed.

THE CLERK:

On Calendar Page 40, Number 210, Senate Bill 817.

On Page 41, Calendar 254, Senate Bill 1013.

On Calendar Page 42, Number 271, Senate Bill 1072;
also on Page 42, Calendar Number 286, Senate Bill
1113.

On Page 44, Calendar 364, Senate Bill 1014.

On Page 46, Calendar Number 397, Senate Bill 992; also
on Page 46, Calendar 406, Senate Bill 1129. And
finally, on Page 46, Calendar 407, Senate Bill 383.

THE CHAIR:

Mr. Clerk, I ask for a roll call vote. The machine
will be open for the Consent Calendar.

THE CLERK:

Immediate roll call vote has been ordered in the
Senate on the Consent Calendar. Immediate roll call
vote has been ordered in the Senate; Senators please
return to the Chamber.

THE CHAIR:

All members have voted: all members voted? The
machine will be closed.

Mr. Clerk, will you please call the tally.

THE CLERK:

On the Consent Calendar.

Total Voting	36
Voting Yea	36
Voting Nay	0
Absent, not voting	0

THE CHAIR:

The Consent Calendar passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, at this point, having concluding the day's business, would certainly yield the floor to any members for purposes of announcements or committee meeting or -- or other points of personal privilege.

THE CHAIR:

Are there any point -- points of personal privilege or announcements? Are there any personal privileges or announcement?

Senator McKinney.

SENATOR McKINNEY:

Thank you, Madam President.

Madam President, as fate would have it, we came close yesterday to being able to celebrate the birthday of two of our members. Yesterday we celebrated the birthday of Senator Slossberg; today, we get to celebrate the birthday of Senator Len Fasano, so --

THE CHAIR:

All right.

SENATOR McKINNEY: