General Assembly

Raised Bill No. 7101

January Session, 2025

LCO No. **4856**

Referred to Committee on HUMAN SERVICES

Introduced by:
(HS)

AN ACT ESTABLISHING A COMMISSION TO STUDY A HUSKY FOR ALL SINGLE-PAYER UNIVERSAL HEALTH CARE PROGRAM.

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

1 Section 1. (*Effective July 1, 2025*) (a) As used in this section, "HUSKY
2 for All Single-Payer Universal Health Care Program" means a single-
3 payer universal health care program open to any state resident that: (1)
4 Eliminates duplicative health insurance programs and resulting
5 duplicative costs to the extent permissible under state and federal law;
6 (2) consolidates oversight, payment and risk under one public or quasi-
7 public entity; (3) eliminates coverage limits and cost-sharing
8 requirements, including, but not limited to, (A) deductibles, (B)
9 copayments, and (C) coinsurance; (4) incorporates prescription drug
10 price controls; and (5) establishes budgets and payment systems for
11 hospitals for overnight care and a uniform fee schedule for health care
12 providers not providing overnight care.

13 (b) There is established a commission to study and make
14 recommendations concerning establishing a HUSKY for All Single-
15 Payer Universal Health Care Program in the state. The commission may

16 contract with an independent person or entity for an economic analysis
17 of establishing such program, provided such person or entity has
18 completed not less than two such economic analyses of establishing a
19 single-payer universal health care program on the state or federal level.

20 (c) The commission shall be comprised of:

21 (1) The Commissioner of the Office of Health Strategy, established
22 pursuant to section 19a-754a of the general statutes, or the
23 commissioner's designee;

24 (2) The chief executive officer of the Connecticut Health Insurance
25 Exchange, established pursuant to section 38a-1081 of the general
26 statutes, or the chief executive officer's designee;

27 (3) The chairperson of the Council on Medical Assistance Program
28 Oversight, established pursuant to section 17b-28 of the general statutes,
29 or the chairperson's designee;

30 (4) The Healthcare Advocate, appointed pursuant to section 38a-1042
31 of the general statutes, or the Healthcare Advocate's designee;

32 (5) The chairpersons of the Behavioral Health Partnership Oversight
33 Council, established pursuant to section 17a-22j of the general statutes,
34 or their designees;

35 (6) The chairpersons of the joint standing committees of the General
36 Assembly having cognizance of matters relating to human services,
37 insurance, labor and public health, or their designees;

38 (7) The Insurance Commissioner and the Commissioner of Social
39 Services, or their designees;

40 (8) The State Comptroller, or the State Comptroller's designee;

41 (9) The chief executive officer of an organization representing
42 hospitals in the state, or the chief executive officer's designee, appointed

43 by the Commissioner of the Office of Health Strategy;

44 (10) The president of a medical society representing doctors in the
45 state, or the president's designee, appointed by the Commissioner of the
46 Office of Health Strategy;

47 (11) Two providers of medical services under the medical assistance
48 program and two persons who receive such services under the program,
49 appointed by the chairperson of the Council on Medical Assistance
50 Program Oversight;

51 (12) One representative each from two patient advocacy
52 organizations, appointed by the Commissioner of the Office of Health
53 Strategy;

54 (13) Two representatives of organizations representing the private
55 insurance industry, appointed by the Insurance Commissioner;

56 (14) Two representatives of labor unions representing employees
57 who work in health care fields, appointed by the Commissioner of the
58 Office of Health Strategy;

59 (15) A representative of an organization representing businesses and
60 industry in the state, appointed by the Commissioner of the Office of
61 Health Strategy; and

62 (16) Two persons from academia with expertise in economics or
63 health insurance, or both, appointed by the Commissioner of the Office
64 of Health Strategy, provided such persons shall not be among the
65 independent persons contracting with the commission to produce an
66 economic analysis on establishing a HUSKY for All Single-Payer
67 Universal Health Care Program.

68 (d) The commission shall meet not later than thirty days after the
69 effective date of this section. The Commissioner of the Office of Health
70 Strategy, or the executive director's designee, shall serve as a
71 chairperson of the commission and a second chairperson shall be chosen

72 by the commission from among the members of the commission. The
73 joint committee on legislative management shall provide administrative
74 support to the commission. Any vacancies shall be filled by the
75 Commissioner of the Office of Health Strategy or the appointing
76 authority. If an appointing authority does not fill a vacancy within thirty
77 days, the Commissioner of the Office of Health Strategy shall fill the
78 vacancy.

79 (e) The commission shall study:

80 (1) Current health care spending, including, but not limited to: (A)
81 State costs of the state medical assistance program and the state
82 employee health plan established pursuant to section 5-259 of the
83 general statutes, (B) state costs of the Connecticut Health Insurance
84 Exchange, and (C) average individual consumer monthly health care
85 costs for (i) participation in medical assistance programs requiring cost
86 sharing by a participant, (ii) premiums for participants in the
87 Connecticut Health Insurance Exchange, (iii) premiums for private
88 health insurance plans, and (iv) premiums for Medicare supplement
89 plans, Medicare health maintenance organization plans and Medicare
90 drug plans.

91 (2) Sources of current health care financing, including, but not limited
92 to: (A) Federal cost sharing for the medical assistance program, (B)
93 employer and employee costs for private health insurance, (C) federal
94 cost sharing for the Medicare program, and (D) participant cost sharing
95 under the medical assistance program or the Medicare program.

96 (3) A financing methodology for a HUSKY for All Single-Payer
97 Universal Health Care Program, including, but not limited to, whether
98 such program should be financed, in part, through taxation on
99 employers and employees.

100 (4) An economic analysis of establishing a HUSKY for All Single-
101 Payer Universal Health Care Program, including, but not limited to, a
102 comparison of: (A) State costs for the medical assistance program and

103 oversight by the Insurance Department of private health care insurance
104 and state costs under a HUSKY for All Single-Payer Universal Health
105 Care Program, (B) consumer costs for private health care insurance and
106 consumer costs under a HUSKY for All Single-Payer Universal Health
107 Care Program, including any costs if the program is covered in part by
108 taxation of a consumer, (C) employer costs for private health care
109 insurance and employer costs if a HUSKY for All Single-Payer Universal
110 Health Care Program is covered in part by taxation of an employer, and
111 (D) participant cost sharing for medical assistance programs or
112 Medicare and costs for such consumers under a HUSKY for All Single-
113 Payer Universal Health Care Program.

114 (5) Provider payment rates under the medical assistance program,
115 Medicare program and the private health insurance market and
116 recommendations for provider payment rates under a HUSKY for All
117 Single-Payer Universal Health Care Program.

118 (6) The number of residents uninsured or underinsured under the
119 current health care coverage programs and the number of persons
120 estimated to be uninsured or underinsured under a HUSKY for All
121 Single-Payer Universal Health Care Program.

122 (7) What entity, or entities, should oversee a HUSKY for All Single-
123 Payer Universal Health Care Program.

124 (8) A timeline for adoption of a HUSKY for All Single-Payer
125 Universal Health Care Program, including, but not limited to, (A)
126 implementing any financing methodology to fund such program, (B)
127 eliminating the oversight of any agencies or offices currently overseeing
128 health care coverage, and (C) creating new oversight entities.

129 (9) The impact on the labor market of a single-payer universal health
130 care system that eliminates private insurance and the impact of a system
131 that allows an employee to retain insurance provided by an employer.

132 (f) Not later than January 1, 2026, the commission shall report, in

133 accordance with the provisions of section 11-4a of the general statutes,
134 on the results of its study and recommendations to the Office of Health
135 Strategy and the joint standing committees of the General Assembly
136 having cognizance of matters relating to human services, insurance,
137 labor, public health and finance, revenue and bonding. The commission
138 shall dissolve on the date such report is submitted or January 1, 2026,
139 whichever is later.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*July 1, 2025*	New section

Statement of Purpose:

To establish a commission to conduct an economic analysis of establishing a universal health care program open to all in the state.

[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.]