General Assembly

Substitute Bill No. 7101

January Session, 2025

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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:

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

(b) There is established a commission to study and make recommendations concerning establishing a HUSKY for All Single-Payer Universal Health Care Program in the state. The commission may contract with an independent person or entity for an economic analysis of establishing such program, provided such person or entity has completed not less than two such economic analyses of establishing a single-payer universal health care program on the state or federal level.

(c) The commission shall be comprised of:

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

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

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

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

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

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

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

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

(9) The chief executive officer of an organization representing hospitals in the state, or the chief executive officer's designee, appointed by the Commissioner of Health Strategy;

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

(11) Two providers of medical services under the medical assistance

program and two persons who receive such services under the program, appointed by the chairperson of the Council on Medical Assistance Program Oversight;

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

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

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

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

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

(d) The commission shall meet not later than thirty days after the effective date of this section. The Commissioner of Health Strategy, or the commissioner's designee, shall serve as a chairperson of the commission and a second chairperson shall be chosen by the commission from among the members of the commission. The Joint Committee on Legislative Management shall provide administrative support to the commission. Any vacancies shall be filled by the appointing authority. If an appointing authority does not fill a vacancy within thirty days, the Commissioner of Health Strategy shall fill the vacancy.

(e) The commission shall study:

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

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

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

(4) An economic analysis of establishing a HUSKY for All Single-Payer Universal Health Care Program, including, but not limited to, a comparison of: (A) State costs for the medical assistance program and oversight by the Insurance Department of private health care insurance and state costs under a HUSKY for All Single-Payer Universal Health Care Program, (B) consumer costs for private health care insurance and consumer costs under a HUSKY for All Single-Payer Universal Health Care Program, including any costs if the program is covered in part by taxation of a consumer, (C) employer costs for private health care insurance and employer costs if a HUSKY for All Single-Payer Universal Health Care Program is covered in part by taxation of an employer, and (D) participant cost sharing for medical assistance programs or Medicare and costs for such consumers under a HUSKY for All Single-

Payer Universal Health Care Program.

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

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

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

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

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

(f) Not later than January 1, 2026, the commission shall report, in accordance with the provisions of section 11-4a of the general statutes, on the results of its study and recommendations to the Office of Health Strategy and the joint standing committees of the General Assembly having cognizance of matters relating to human services, insurance, labor, public health and finance, revenue and bonding. The commission shall dissolve on the date such report is submitted or January 1, 2026, 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 Legislative Commissioners:
In Subsec. (c)(9), (10), (12), (14), (15) and (16) and Subsec. (d), "Commissioner of the Office Health Strategy" was changed to "Commissioner of Health Strategy" for statutory consistency, and in Subsec. (d), "executive director's" was changed to "commissioner's" and "the Commissioner of the Office of Health Strategy or the appointing authority" was changed to "the appointing authority" for clarity.

HS *Joint Favorable Subst. -LCO*