



General Assembly

Amendment

January Session, 2025

LCO No. 8932



Offered by:

SEN. HARDING, 30th Dist.

SEN. HWANG, 28th Dist.

To: Subst. Senate Bill No. 10

File No. 419

Cal. No. 241

(As Amended)

"AN ACT CONCERNING HEALTH INSURANCE AND PATIENT PROTECTION."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Section 38a-1083 of the general statutes is repealed and the
4 following is substituted in lieu thereof (*Effective October 1, 2025*):

5 (a) For purposes of sections 38a-1080 to 38a-1093, inclusive, "purposes
6 of the exchange" means the purposes of and the pursuit of the goals of
7 the exchange expressed in and pursuant to this section and the
8 performance of the duties and responsibilities of the exchange set forth
9 in sections 38a-1084 to 38a-1087, inclusive, which are hereby determined
10 to be public purposes for which public funds may be expended. The
11 powers enumerated in this section shall be interpreted broadly to
12 effectuate the purposes of the exchange and shall not be construed as a

13 limitation of powers.

14 (b) The goals of the exchange shall be to reduce the number of
15 individuals without health insurance in this state and assist individuals
16 and small employers in the procurement of health insurance by, among
17 other services, offering easily comparable and understandable
18 information about health insurance options.

19 (c) The exchange is authorized and empowered to:

20 (1) Have perpetual succession as a body politic and corporate and to
21 adopt bylaws for the regulation of its affairs and the conduct of its
22 business;

23 (2) Adopt an official seal and alter the same at pleasure;

24 (3) Maintain an office in the state at such place or places as it may
25 designate;

26 (4) Employ such assistants, agents, managers and other employees as
27 may be necessary or desirable;

28 (5) Acquire, lease, purchase, own, manage, hold and dispose of real
29 and personal property, and lease, convey or deal in or enter into
30 agreements with respect to such property on any terms necessary or
31 incidental to the carrying out of these purposes, provided all such
32 acquisitions of real property for the exchange's own use with amounts
33 appropriated by this state to the exchange or with the proceeds of bonds
34 supported by the full faith and credit of this state shall be subject to the
35 approval of the Secretary of the Office of Policy and Management and
36 the provisions of section 4b-23;

37 (6) Receive and accept, from any source, aid or contributions,
38 including money, property, labor and other things of value;

39 (7) Charge assessments or user fees to health carriers that are capable
40 of offering a qualified health plan through the exchange or otherwise
41 generate funding necessary to support the operations of the exchange

42 and the all-payer claims database program established under section
43 19a-755a and impose interest and penalties on such health carriers for
44 delinquent payments of such assessments or fees;

45 (8) Procure insurance against loss in connection with its property and
46 other assets in such amounts and from such insurers as it deems
47 desirable;

48 (9) Invest any funds not needed for immediate use or disbursement
49 in obligations issued or guaranteed by the United States of America or
50 the state and in obligations that are legal investments for savings banks
51 in the state;

52 (10) Issue bonds, bond anticipation notes and other obligations of the
53 exchange for any of its corporate purposes, and to fund or refund the
54 same and provide for the rights of the holders thereof, and to secure the
55 same by pledge of revenues, notes and mortgages of others;

56 (11) Borrow money for the purpose of obtaining working capital;

57 (12) Account for and audit funds of the exchange and any recipients
58 of funds from the exchange;

59 (13) Make and enter into any contract or agreement necessary or
60 incidental to the performance of its duties and execution of its powers,
61 including, but not limited to, an agreement with the Office of Health
62 Strategy to use funds collected under this section for the operation of
63 the all-payer claims database established under section 19a-755a and to
64 receive data from such database. The contracts entered into by the
65 exchange shall not be subject to the approval of any other state
66 department, office or agency, provided copies of all contracts of the
67 exchange shall be maintained by the exchange as public records, subject
68 to the proprietary rights of any party to the contract, except any
69 agreement with the Office of Health Strategy shall be subject to approval
70 by said office and the Office of Policy and Management and no portion
71 of such agreement shall be considered proprietary;

72 (14) To the extent permitted under its contract with other persons,
73 consent to any termination, modification, forgiveness or other change of
74 any term of any contractual right, payment, royalty, contract or
75 agreement of any kind to which the exchange is a party;

76 (15) Award grants to trained and certified individuals and
77 institutions that will assist individuals, families and small employers
78 and their employees in enrolling in appropriate coverage through the
79 exchange. Applications for grants from the exchange shall be made on
80 a form prescribed by the board;

81 (16) Limit the number of plans offered, and use selective criteria in
82 determining which plans to offer, through the exchange, provided
83 individuals and employers have an adequate number and selection of
84 choices;

85 (17) Evaluate jointly with the Health Care Cabinet established
86 pursuant to section 19a-725 the feasibility of implementing a basic
87 health program option as set forth in Section 1331 of the Affordable Care
88 Act;

89 (18) Establish one or more subsidiaries, in accordance with section
90 38a-1093, to further the purposes of the exchange;

91 (19) Make loans to each subsidiary established pursuant to section
92 38a-1093 from the assets of the exchange and the proceeds of bonds,
93 bond anticipation notes and other obligations issued by the exchange or
94 assign or transfer to such subsidiary any of the rights, moneys or other
95 assets of the exchange, provided such assignment or transfer is not in
96 violation of state or federal law;

97 (20) Sue and be sued, plead and be impleaded;

98 (21) Adopt regular procedures that are not in conflict with other
99 provisions of the general statutes, for exercising the power of the
100 exchange; and

101 (22) Do all acts and things necessary and convenient to carry out the
102 purposes of the exchange, provided such acts or things shall not conflict
103 with the provisions of the Affordable Care Act, regulations adopted
104 thereunder or federal guidance issued pursuant to the Affordable Care
105 Act.

106 (d) On or after October 1, 2025, any proposal to increase the amount
107 of any assessment or user fee to be imposed under subdivision (7) of
108 subsection (c) of this section shall be:

109 (1) The subject of a public meeting of the board, held not later than
110 sixty days after such proposal is made, for the purpose of receiving
111 public comment concerning such proposal, before such increase is
112 imposed; and

113 (2) Subject to legislative and board approval as follows:

114 (A) Not later than thirty days after the public meeting held pursuant
115 to subdivision (1) of this subsection, the joint standing committees of the
116 General Assembly having cognizance of matters relating to insurance
117 and appropriations and the budgets of state agencies shall meet to
118 review and approve such proposal. If the committees do not approve
119 such proposal within thirty days after the public meeting held pursuant
120 to subdivision (1) of this subsection, such proposal shall be deemed to
121 have been rejected by the committees.

122 (B) Upon approval of such proposal in accordance with
123 subparagraph (A) of this subdivision, a quorum of the board may vote
124 on the proposal at an in-person meeting.

125 ~~[(d)]~~ (e) (1) The chief executive officer of the exchange shall provide
126 to the commissioner the name of any health carrier that fails to pay any
127 assessment or user fee under subdivision (7) of subsection (c) of this
128 section to the exchange. The commissioner shall see that all laws
129 respecting the authority of the exchange pursuant to said subdivision
130 (7) are faithfully executed. The commissioner has all the powers
131 specifically granted under this title and all further powers that are

132 reasonable and necessary to enable the commissioner to enforce the
133 provisions of said subdivision (7).

134 (2) Any health carrier aggrieved by an administrative action taken by
135 the commissioner under subdivision (1) of this subsection may appeal
136 therefrom in accordance with the provisions of section 4-183, except
137 venue for such appeal shall be in the judicial district of New Britain.

138 Sec. 2. Section 38a-1089 of the general statutes is repealed and the
139 following is substituted in lieu thereof (*Effective October 1, 2025*):

140 (a) Not later than January 1, 2012, and annually thereafter until
141 January 1, 2014, the chief executive officer of the exchange shall report,
142 in accordance with section 11-4a, to the Governor and the General
143 Assembly on a plan, and any revisions or amendments to such plan, to
144 establish a health insurance exchange in the state. Such report shall
145 address:

146 (1) Whether to establish two separate exchanges, one for the
147 individual health insurance market and one for the small employer
148 health insurance market, or to establish a single exchange;

149 (2) Whether to merge the individual and small employer health
150 insurance markets;

151 (3) Whether to revise the definition of "small employer" from not
152 more than fifty employees to not more than one hundred employees;

153 (4) Whether to allow large employers to participate in the exchange
154 beginning in 2017;

155 (5) Whether to require qualified health plans to provide the essential
156 health benefits package, as described in Section 1302(a) of the
157 Affordable Care Act, or include additional state mandated benefits;

158 (6) Whether to list dental benefits separately on the exchange's
159 Internet web site where a qualified health plan includes dental benefits;

- 160 (7) The relationship of the exchange to insurance producers;
- 161 (8) The capacity of the exchange to award Navigator grants pursuant
162 to section 38a-1087;
- 163 (9) Ways to ensure that the exchange is financially sustainable by
164 2015, as required by the Affordable Care Act including, but not limited
165 to, assessments or user fees charged to carriers;
- 166 (10) Methods to independently evaluate consumers' experience,
167 including, but not limited to, hiring consultants to act as secret shoppers;
168 and
- 169 (11) The status of the implementation and administration of the all-
170 payer claims database program established under section 19a-755a.
- 171 (b) Not later than January 1, [2012] 2026, and annually thereafter, the
172 chief executive officer of the exchange shall report, in accordance with
173 section 11-4a, to the Governor and the General Assembly on:
- 174 (1) Any private or federal funds received during the preceding
175 calendar year and, if applicable, how such funds were expended;
- 176 (2) The adequacy of federal funds for the exchange prior to January
177 1, 2015;
- 178 (3) The amount and recipients of any grants awarded; and
- 179 (4) The current financial status of the exchange, including, but not
180 limited to, a detailed account of the expenses of the exchange, such as
181 marketing, information technology, contractual services and other
182 administrative costs.
- 183 (c) Upon the conclusion of the open enrollment period in January
184 2026, and upon the conclusion of each open enrollment period annually
185 thereafter, the chief executive officer of the exchange shall submit a
186 detailed report, in accordance with section 11-4a, to the joint standing
187 committees of the General Assembly having cognizance of matters

188 relating to insurance and appropriations and the budgets of state
189 agencies on a cost benefit analysis of premiums and expenses of the
190 exchange for all commercial members in the exchange."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2025</i>	38a-1083
Sec. 2	<i>October 1, 2025</i>	38a-1089