



## The Office of Health Strategy 2021 Legislative Summary

### 1. PA 21- 35 (SB 1) AN ACT EQUALIZING COMPREHENSIVE ACCESS TO MENTAL, BEHAVIORAL AND PHYSICAL HEALTH CARE IN RESPONSE TO THE PANDEMIC.

Among other provisions, this Act:

- Declares racism as a public health crisis (§1)
- Establishes a 28-member Commission of Racial Equity in Public Health in the Legislative Department to develop and periodically update a comprehensive strategic plan to eliminate health disparities and inequities across sectors and includes the Office of Health Strategy executive director or her designee as a member (§§2-4);
- Requires on and after January 1, 2022, any state agency that collects demographic data concerning the ancestry or ethnic origin, ethnicity, race or primary language of residents of the state related to health care or public health to collect such data (§11):
  - in a manner that allows for aggregation and disaggregation of data;
  - using the race and ethnicity categories that include subgroup identities as specified by the Community and Clinical Integration Program of the Office of Health Strategy;
- Requires health care providers participating in the State-wide Health Information Exchange to collect and include in its electronic health record system self-reported patient demographic data including, but not limited to, race, ethnicity, primary language, insurance status and disability status (§11);
- Requires OHS to consult, by August 1, 2021, with consumer advocates, health equity experts, state agencies and health care providers, to create an implementation plan for the changes required by section 11 of the bill (§11); and
- Requires OHS to (1) review demographic changes in race and ethnicity categories, as determined by the US Census Bureau and health data collected by the state and (2) periodically reevaluate the standard race and ethnicity categories, in consultation with health care providers, consumers, and the Public Health Committee (§11).

### 2. PA 21-129 (SB 683) AN ACT CONCERNING HOSPITAL BILLING AND COLLECTION EFFORTS BY HOSPITALS AND COLLECTION AGENCIES.

- Extends the current prohibition that hospitals cannot collect from an uninsured patient more than the cost of providing the service to (1) all licensed hospitals, not just short-term general hospitals, and (2) entities owned by, or affiliated with, hospitals;

- By October 1, 2022, requires each hospital, health system, and hospital-based facility to annually submit to OHS's Health Systems Planning Unit a sample of its billing statement that includes a facility fee;
  - Extends limitations for facility fees that hospitals, health systems, and hospital-based facilities may charge for outpatient services provided off-site from a hospital campus to include A/M fees;
  - Requires various patient notices to include tag lines in at least the top fifteen languages spoken in the state indicating that the notice is available in each of those top fifteen languages;
  - Requires OHS, within available appropriations, to:
    - study ways to improve oversight and regulation of physician practice mergers and acquisitions to improve health care quality and choice in the state, including reviewing laws on (a) transaction notice and reporting and (b) certificate of need guidelines and definitions;
    - study ways to ensure the viability of physician practices;
    - develop legislative recommendations to improve reporting and oversight of physician practice mergers and acquisitions, including whether any of the above related laws need to be amended; and
    - by February 1, 2023, report to the Public Health Committee on the outcome of the study and any recommendations for legislative action as a result of such study.
3. PA 21-152 (HB 6449) AN ACT EXPANDING ECONOMIC OPPORTUNITY IN OCCUPATIONS LICENSED BY THE DEPARTMENTS OF PUBLIC HEALTH AND CONSUMER PROTECTION AND REQUIRING A REPORT FROM CERTAIN EXECUTIVE BRANCH AGENCIES REGARDING BACKGROUND CHECKS AND THE FEASIBILITY OF ESTABLISHING PRECLEARANCE ASSESSMENTS OF CRIMINAL HISTORY.
- Among other provisions, DPH shall convene working groups, including the Executive Director of OHS/designee, to determine whether Connecticut should join any interstate licensure compacts.
4. PA 21-48 (SB 955) AN ACT CONCERNING REVISIONS TO PROVISIONS OF THE GENERAL STATUTES AFFECTING THE DEPARTMENT OF SOCIAL SERVICES AND A STUDY OF PAYMENT PARITY FOR HUMAN SERVICES PROVIDERS.
- Adds the Commissioner of DSS, or the commissioner's designee, as a Board member of the Health Information Alliance, the state's health information exchange.
5. PA 21-59 (HB 5310) AN ACT CONCERNING DATA PRIVACY BREACHES.
- Expands the data privacy breach notification statutes to protect consumers' non-public information (including Protected Health Information -PHI) breach not subject to

expanded identity theft services; PHI subject to HIPAA & HITECH security and privacy standards.

6. PA 21-125 (HB 6588) AN ACT CONCERNING PSYCHOTROPIC DRUGS AND MENTAL HEALTH SERVICES

- Prohibits certain health insurance policies that cover outpatient prescription drugs from: (1) requiring a health care provider to prescribe a supply of outpatient psychotropic drugs greater than that which he or she deems clinically appropriate or (2) imposing a cost-sharing amount (i.e., coinsurance, copayment, deductible, or out-of-pocket expense) for a less than 90-day supply of these drugs that exceeds the 90-day, reduced pro-rata, cost-sharing amount;
- Establishes a task force including OHS and other agencies to study methods available to this state, and health carriers doing business in this state, to encourage health care providers providing mental health services to participate in provider networks.

7. PA 21-96 (HB 6622) AN ACT CONCERNING PRESCRIPTION DRUG FORMULARIES AND LISTS OF COVERED DRUGS

- Limits the circumstances in which a health carrier may remove a prescription drug from a drug formulary or list of covered drugs, or move a prescription drug to a different cost-sharing tier, during a plan year;
- Requires OHS to conduct a study to determine the impact that the requirements have on the cost of health benefit plans offered, delivered, issued for delivery, renewed, amended or continued in this state and qualified health plans offered and sold through the exchange;
- Not later than January 31, 2023, and annually thereafter, requires OHS to submit a report to the Insurance Commissioner and Insurance Committee.

8. PA 21-176 (HB 6687) AN ACT CONCERNING MEDICAL ASSISTANCE FOR CHILDREN AND ADULTS WITHOUT HEALTH CARE COVERAGE.

- Requires the Department of Social Services (DSS), to extend eligibility for medical assistance, subject to income limits and within available appropriations, to certain groups of people regardless of immigration status, who do not otherwise qualify for health care coverage;
- Extends this coverage to (1) children under age 8 and (2) women for 12 months after giving birth; requires the DSS commissioner to amend the Children's Health Insurance Program (CHIP) state plan to provide medical assistance for prenatal care through the "unborn child option";
- Requires OHS, in consultation with OPM, DSS, CID and AHCT, to study offering coverage to income-eligible children aged 9-18 regardless of immigration status and who cannot qualify for Medicaid or CHIP, and to adults with incomes up to 200% FPL who do not

otherwise qualify for medical assistance, AHCT, or have an offer of employee-sponsored insurance.

9. PA 21-22 (HB 6389) AN ACT CONCERNING EXPLANATIONS OF BENEFITS.

- Requires certain health insurance carriers and their third-party administrators to provide explanation of benefits (EOBs) to covered individuals and allow such individuals to make a specific written selection about whether and how to receive the EOBs

10. PA 21-14 (SB 1003) AN ACT PROHIBITING CERTAIN HEALTH CARRIERS AND PHARMACY BENEFITS MANAGERS FROM EMPLOYING COPAY ACCUMULATOR PROGRAMS.

- Prohibits copay accumulator programs, in which drug manufacturer coupons and copay assistance generally do not apply toward a covered individual's cost-sharing responsibility such as a deductible, by requiring certain health carriers and pharmacy benefit managers to credit discounts provided and payments made by a third party for any portion of cost sharing when calculating a covered individual's cost sharing liability

11. PA 21-196 (SB 1070) AN ACT CONCERNING PHYSICIAN ASSISTANTS

- Expands, in certain instances, physician assistant (PA) scope of practice by, for instance, allowing Pas to certify, sign, or otherwise document medical information in several situations that currently require a physician's or advanced practice registered nurse's authority

12. PA 21-9 (HB 5596) AN ACT CONCERNING TELEHEALTH.

- Modifies the delivery of telehealth services and insurance coverage through June 30, 2023, including:
  - expanding the types of health providers authorized to provide telehealth; allowing certain telehealth providers to provide telehealth services using audio-only telephone, which current law prohibits;
  - requiring insurance coverage for telehealth services and prohibiting providers reimbursed for services from seeking payment from an insured patient beyond cost sharing;
  - prohibiting insurance policies from excluding coverage for telehealth platform selected by an in-network provider; and
  - prohibiting carriers from reducing reimbursement to a provider because services are provided through telehealth instead of in-person.

13. PA 21-149 (SB 1004) AN ACT CONCERNING DENTAL AND VISION INSURANCE COVERAGE FOR CHILDREN, STEPCHILDREN AND OTHER DEPENDENT CHILDREN.

- Requires certain health, dental, and vision insurance policies to continue coverage for a child, stepchild, or other dependent child until the policy anniversary date on or after the date the child turns age 26

14. PA 21-116 (HB 6510) AN ACT REQUIRING THE PROVISION OF INFORMATION CONCERNING CHILDREN'S BEHAVIORAL AND MENTAL HEALTH RESOURCES IN HOSPITAL EMERGENCY DEPARTMENTS AND SCHOOLS.

- Requires the Department of Children and Families, in consultation with the Behavioral Health Partnership Oversight Council (BHPOC), the Department of Mental Health and Addiction Services, the Department of Public Health and the Youth Suicide Advisory Board to develop documents concerning behavioral and mental health evaluation and treatment resources available to children in each mental health region by December 1, 2021;
- Requires BHPOC to distribute the documents electronically to each licensed hospital that has an emergency department;
- Requires hospital emergency departments, starting on January 1, 2022, to provide a copy of the applicable documents to the parents/guardians of each child upon the child's discharge from the emergency department.

15. PA 21-113 (HB 5597) AN ACT CONCERNING OPIOIDS.

- Requires the Department of Mental Health and Addiction Services (DMHAS) to establish, within available appropriations, on or before January 1, 2022, a pilot program in up to 5 urban, suburban and rural communities to serve persons with opioid use disorder; each participating community must form a team of at least two peer navigators; DMHAS must report by January 1, 2023 to the Public Health Committee on the program;
- Requires the Department of Public Health by January 1, 2022 to establish guidelines for the use of evidence-based, nonpharmaceutical therapies to treat chronic pain, including chiropractic treatment and physical therapy and conduct educational and outreach activities to raise awareness

16. SA 21-15 (HB 6689) AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE THIRTIETH, 2023, AND MAKING APPROPRIATIONS THEREFOR, AND MAKING DEFICIENCY AND ADDITIONAL APPROPRIATIONS FOR THE FISCAL YEAR ENDING JUNE THIRTIETH, 2021.

- Appropriates to the Office of Health Strategy \$10.8 million in FY 22 and \$18.5 million in FY 23 from the General Fund and \$10.1 million in FY 22 and \$10.2 million in FY 23 from the Insurance Fund; of these amounts, \$8 million in FY 22 and \$15.6 million in FY 23 is for the Covered Connecticut Program

17. SS PA 21-2 (SB 1202) AN ACT CONCERNING PROVISIONS RELATED TO REVENUE AND OTHER ITEMS TO IMPLEMENT THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2023

- §§15-19: *Covered Connecticut Program*. Establishes the Covered Connecticut program within the Office of Health Strategy (OHS) to reduce the state's uninsured rate by providing premium and cost sharing subsidies; OHS must administer the program in consultation with the Department of Social Services (DSS) commissioner, the Insurance Department commissioner, and the Connecticut Health Insurance Exchange (i.e., Access Health CT); allows the Office of Health Strategy to apply for a 1332 waiver to advance the program's purpose; requires DSS to apply for a 1115 Medicaid demonstration waiver to support the program;
- §28: *Primary Care Direct Services Program*. Requires DPH, within available resources, to establish a program that provides 3-year grants for community-based primary care providers to expand access to care for the uninsured by January 1, 2022;
- §§36-37: *Community Health Workers*. Allocates \$3M of American Rescue Plan Act (ARPA) funding in both fiscal years 2022 and 2023 to DPH to establish a community health work grant program that provides grants to community action agencies that employ community health workers who provide a range of services to persons adversely affected by COVID-19 pandemic;
- §81: *Study of Equity in State Government Programs*. Tasks the Commission of Human Rights and Opportunities (CHRO) to oversee a study of equity in state government programs and actions; requires the Department of Administrative Services (DAS) to issue an request for proposals to hire a national consultant with expertise in qualitative and quantitative research to conduct a study and make recommendations; not later than February 15, 2023, CHRO must submit the study findings and any legislative recommendations to the GAE committee;
- §82: *Contracts Between Health Carriers and Participating Healthcare Providers*. Requires health carriers to provide 90-days notice before changing certain participating provider contracts and allows providers to appeal any changes;
- §149: *Conducting Meetings with Electronic Equipment*. Authorizes public agencies to conduct meetings using electronic equipment until April 30, 2022 and provides timelines and other requirements for the posting of notice, agenda, meeting recordings, and participation instructions;
- §294: *Health Insurance Exchange Assessments and All-Payer Claims Database*. Allows the state's health insurance exchange to (1) impose assessments on health carriers to cover the costs of the all-payer claims database (APCD) and (2) with OPM's approval, enter into an agreement with OHS to use these funds for the APCD;
- §295: *Insurance Fund and OHS*. Requires the amount annually appropriated from the Insurance Fund to OHS, including the cost of fringe benefits for personnel, to be reduced by the amount of Medicaid reimbursement the state received for allowable administrative expenses;

- §313: *Health Care Coverage Identification Cards*. Requires each health carrier or third-party administrator (TPA) to disclose on health insurance identification cards whether the coverage is fully insured or self-insured.