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Rome Smith & Lutz
BioCT
2021 Legislative Session Report

We are pleased to provide you with your 2021 End of Session Report. The Connecticut General Assembly adjourned the 2021 regular session sine die on their constitutional deadline of Wednesday, June 9th at midnight.

The General Assembly successfully passed a \$46 billion biennial state budget that the governor is supporting. The 2021 fiscal year began with a projected deficit of 1.2 billion. The current fiscal year is anticipated to close with a significant surplus of \$500 million, and the two-year budgeting period contains a built-in \$2 billion surplus bringing the Rainy Day Fund balance to approximately \$3 billion, which will be the highest in state history.

Of the more notable high profile legislative priorities of the Governor and the majority party Democrats, was the passage of sports betting, expungement of criminal records in certain circumstances (Clean Slate) legislation, and local zoning reform achieving passage in both chambers this year.

The Connecticut General Assembly convened on Tuesday, June 15, 2021 for a June Special Session to take action on two pieces of legislation, [SB No. 1201](#): An Act Concerning Responsible and Equitable Regulation of Adult-Use Cannabis and [SB No. 1202](#): An Act Concerning Provisions Related to Revenue and Other Items to Implement the State Budget for the Biennium Ending June 30, 2023. In an unexpected turn after passing out of the Senate, the House took disagreeing actions that returned the legislative initiatives to the Senate. Ultimately, both bills were passed by the Senate in concurrence with the House and are expected to be signed by Governor Lamont. The June Special Session adjourned in both chambers on Thursday, June 17, 2021.

We have included in this report some of the specific pieces of legislation introduced during the 2021 Legislative Session that we tracked for you. It is our pleasure to be your voice in Hartford.

2021 Regular (COVID-19) Session Recap

The 2021 Legislative Session opened on Wednesday, January 6th and adjourned at midnight on Wednesday, June 9th and proved to be a particularly unusual year as the State of Connecticut and the nation continued to grapple with the challenges it faced in the COVID-19 pandemic. In what was a mostly virtual session, a new legislature was seated with Democrats gaining seats in both chambers. The Senate convened with 24 Democrats and 12 Republicans and the House with 97 Democrats and 54 Republicans.

The 2021 legislative session opened with special rule changes that authorized virtual parliamentary proceedings in certain circumstances for purposes of COVID-19 safety measures. The General Assembly's committee process was characterized by committee meetings and individual lawmaker meetings taking place in virtual format. As the pandemic's impact began to wane as increasing numbers of Connecticut residents were vaccinated, the legislature transitioned to a hybrid, in-person chamber process with limited capacity in both chambers many of the members worked and voted virtually from their legislative and Capitol offices.

The legislature addressed a number of issues this session. There were 2,810 bills introduced this session, and a total of 228 bills that were ultimately passed by the General Assembly to be sent to Governor Lamont for his signature. There were also 64 House Joint Resolutions, 12 House Resolutions, 35 Senate Joint Resolutions, and 7 Senate Resolutions acted upon this session. On each bill, he has the option of 1) signing into law, 2) vetoing to be sent back to the legislature for potential override action, or 3) allow to become law without his signature.

State Budget Overview:

A bi-partisan agreement was reached on the budget in the last week of the 2021 session, and final Appropriations and Bonding packages that included no new taxes received broad-based support from Republican members of both the House and Senate.

The final \$46 billion biennial budget includes, among other items the following:

- \$300 million in municipal aid that will be included with a compromise where \$150 million will be within the budget and subject to the state spending cap, while the other \$150 million will be off budget not subject to the spending cap.
- Expands the HUSKY A Health Plan for low-income residents of Connecticut.
- Speaker Ritter's Community Investment Fund 2030 has been created to specifically target state bond funding for distressed municipalities. The idea is modeled on the UConn 2000 plan with the intent of making strategic investments in Connecticut urban areas.
- \$504 million in state grant commitments for school construction projects.
- Increasing the state's earned income tax credit to 30% of the federal credit.
- A 5% surplus of \$2.3 billion that will be applied as payment to the state's pension accounts.
- General Obligation bonding authorizations of \$1.73 billion in FY22 and \$1.69 billion in FY23, includes:
- Special Tax Obligation Bond Authorizations of \$836.9 million in FY22 and \$929.6 million in FY23.

- Clean Water Fund (CWF) Revenue Bond authorizations of \$281.0 million in FY22 and \$237.0 million in FY23.

Here are the specific budget items that have been identified as particularly interesting to you:

Index to Senate Bill 1202: An Act Concerning Provisions Related to Revenue and Other Items to Implement the State Budget for the Biennium Ending June 30, 2023	
Sec.	Item
460	Cap base tax phaseout
462	R&D TC 70%
463	R&D TC carryforward

Capital Base Tax Phase Out (§ 460)

Current law phases out the capital base tax on corporations over four years, from 2021 to 2024. As the following table shows, the bill (1) delays the start of the phase out by three years, from 2021 to 2024, and (2) extends the phase out period by four additional years.

Table: Capital Base Tax Phase Out Schedule

<i>Income Year</i>	<i>Capital Base Tax Rate (mils per dollar of capital base)</i>	
	<i>Current Law</i>	<i>Bill</i>
2021	2.6	3.1
2022	2.1	
2023	1.1	
2024	0	2.6
2025		2.1
2026		1.6
2027		1.1
2028+		0

§§ 462 & 463 — R&D TAX CREDITS

Increases the cap on the amount of R&D tax credits corporations may claim each year from 50.01% to 70% of their annual tax liability, phased in over two years, and limits the number of years that taxpayers may carry forward unused R&D tax credits

Credit Cap (§ 462)

The bill increases the cap on the amount of R&D tax credits corporations may claim each year against the corporation business tax to 70%, phased in over two years.

Public Hearings Facilitated

Rome Smith & Lutz facilitated the sign up and testimony submittal process on behalf of BioCT on the following bills:

- **Senate Bill 1094, AAC Authorizing Bonds of the State for CTNext and the Innovation Place Program**
 - [Link to BioCT Testimony](#)
- **Senate Bill 1099, AAC Authorizing Bonds of the State for a Research Faculty Recruitment and Hiring Program by the University of Connecticut to Encourage the Creation of New Business Ventures Support**
 - [Link to BioCT Testimony](#)

Priority Bills

The bills included in this section were the bills, in addition to the budget implementer bill highlighted above, that were either tracked as high priority or were discussed during BioCT Government Relations Committee meetings.

HB 6447

An Act Creating The Covered Connecticut Program To Expand Access To Affordable Health Care. **Successfully defeated.**

BioCT, in collaboration with several other interested parties including PhRMA and other pharmaceutical companies active in CT, were successful in preventing this harmful piece of legislation from being passed by the General Assembly. Shortly before Governor Lamont publicly unveiled his budget proposal during the 2021 legislative session, Rome Smith & Lutz was made aware by senior staff in the Governor's office that this bill to establish arbitrary caps on pharmaceutical price increases was going to be proposed. Governor Lamont proposed this bill in conjunction with a similar proposal offered by Governor Baker of Massachusetts.

This bill was publicly introduced on February 11th to the Committee on Insurance and Real Estate, and a public hearing was held on March 9th. The bill was favorably reported out of committee by a vote of 11-4 and was sent to the House floor. Due to efforts undertaken by BioCT, Rome Smith & Lutz, and other allies, the bill was never called for a vote in the House and the harmful provisions were not introduced into another vehicle before the legislature concluded their business for the session.

It is expected that something similar may be reintroduced in the 2022 session.

Bill Summary:

This bill requires the Office of Health Strategy (OHS), in consultation with Access Health CT and the Department of Social Services (DSS) and insurance commissioners, to create a plan to reduce the state's uninsured rate, including by reducing the burden of health care costs on insureds. The plan requires annual legislative approval, starting by February 1, 2022.

The bill establishes the Covered Connecticut Account as a separate, nonlapsing account within the General Fund. OHS administers the account, which must contain any money required by law to be deposited into it. This includes (1) an annual assessment the bill imposes on insurers that is proportional to their covered lives in Connecticut and (2) fines paid by pharmaceutical manufacturers for selling a prescription drug for a price higher than the bill allows. The bill sets the aggregate amount of fees assessed on insurers in the first year at \$30 million, but potentially exempts nondomestic insurers from the assessment if other states impose retaliatory taxes on entities domiciled in Connecticut.

Funds in the account must be spent by Access Health CT and DSS according to the annual plan described above.

The bill prohibits pharmaceutical manufacturers from selling a prescription drug for a price higher than the drug's reference price (i.e., the drug's wholesale acquisition cost) adjusted for changes in the consumer price index for urban consumers, plus 2% of the reference price per year compounded annually on the anniversary of the date the drug was first commercially marketed.

Under the bill, pharmaceutical manufacturers who violate the price limit are liable to the state for a civil penalty of 80% of the increased revenue the pharmaceutical manufacturer earned by selling the drug higher than allowed. It also establishes procedures and due process for reporting, collecting, and contesting the penalty.

The bill also subjects pharmaceutical manufacturers to a \$500,000 civil penalty if they withdraw a drug from the Connecticut market (a) without giving advance written notice or (b) to avoid paying the civil penalty for selling a drug above the price limit.

It exempts (1) from the price limitations, drugs the Health and Human Services (HHS) secretary determines are in shortage in the United States and (2) from the civil penalty, pharmaceutical manufacturers making less than \$250,000 in annual sales in Connecticut in the calendar year the penalty would be imposed.

PHARMACEUTICAL MANUFACTURER PRICING LIMITS

Beginning January 1, 2022, the bill prohibits pharmaceutical manufacturers from selling a prescription drug for more than:

- 1. the drug's reference price, adjusted for any change in the consumer price index for urban consumers, plus*
- 2. 2% for each 12-month period since the date the reference price was determined, compounded annually on the anniversary of that date.*

Under the bill, a "pharmaceutical manufacturer" is anyone manufacturing and selling a prescription drug, either directly or through another person, for distribution in Connecticut. A

drug's "reference price" is the drug's wholesale acquisition cost as of January 1, 2021, or for new drugs, the date when it is first commercially marketed in the United States. A drug's "wholesale acquisition cost" is generally the manufacturer's list price for the drug to wholesalers or direct purchasers in the United States, excluding discounts, rebates, or reductions, for the most recent month for which data is available.

The bill requires OHS, beginning by February 1, 2023, to annually provide the Department of Revenue Services (DRS) commissioner with a list of drugs the HHS secretary determines are in shortage. These drugs are exempt from the above provisions on pricing limitations.

Civil Penalty

Under the bill, a pharmaceutical manufacturer selling a prescription drug above the price limit is subject to a civil penalty, determined and collected on a calendar year basis. The penalty equals 80% of the increased revenue the pharmaceutical company made by selling the drug at the higher price compared to a price allowed under the bill.

Under the bill, all money collected from the civil penalty must be deposited into the Covered Connecticut account. The penalties are deemed a civil fine or penalty under federal law (thus excluding them from state tax revenue for certain federal benefit calculations) and cannot be waived by the Revenue Services Penalty Review Committee or under any other applicable law. Additionally, the bill prohibits tax credits from being applied towards the penalty.

Penalty Payment Provisions. Beginning March 1, 2023, the bill requires pharmaceutical manufacturers that violated the pricing provisions during the previous calendar year to annually pay the DRS commissioner the civil penalty the bill imposes.

They must also file with the DRS commissioner a statement containing information in a form and manner he prescribes. The statement and civil penalty must be electronically filed and paid, regardless of how the manufacturer would have otherwise filed with, or paid money to, DRS. If no statement is filed by the due date, the bill authorizes the commissioner to make the statement at any time after the due date according to the best obtainable information and prescribed form.

Tax Warrants and Liens. The bill allows the civil penalty to be collected in accordance with existing law that authorizes DRS and other state collection agencies to: (1) issue a tax warrant on the intangible personal property (e.g., bank accounts, receivables, and securities) of a taxpayer who fails to pay state taxes and (2) serve the warrant on a third party (e.g., bank or payment settlement entity) who possesses the property or is obligated to it in some way (CGS § 12-35). Under the bill, the warrant must be signed by the DRS commissioner or his authorized agent.

Additionally, the amount of the civil penalty becomes a lien on the pharmaceutical manufacturer's real property, beginning on the last day of the month before the penalty was

due, until it is paid. The commissioner may record the lien in the records of the town in which the manufacturer is located, but the bill prohibits the lien from being enforced against a bona fide purchaser or qualified encumbrancer of the property. If the lien is satisfied, the commissioner must discharge it upon request from an interested party.

The bill allows the (1) attorney general to bring a foreclosure action against the lien in the Superior Court in the judicial district where the property is located and (2) court to make any order it deems equitable.

It also applies existing laws on collecting taxes and related penalties from taxpayers to the civil penalties imposed under the bill.

Examination Authority and Record Keeping. If a pharmaceutical manufacturer is subject to the civil penalty, the bill authorizes the DRS commissioner to examine its books and determine if it paid the full penalty amount. If the commissioner determines that it did not, he must bill the pharmaceutical manufacturer for the full amount. The commissioner, or any person he authorizes, may additionally examine the books, papers, records, and equipment of anyone liable for the civil penalty, and investigate the character of their business to verify the accuracy of the filed statement (or if no statement is filed, to ascertain and determine the civil penalty amount).

The bill authorizes the commissioner to require all pharmaceutical manufacturers subject to a civil penalty to keep any records he prescribes and produce books, papers, documents, and other data he needs to determine the penalty amount and collect it.

The bill grants the commissioner and his agents the power to administer oaths and take testimony under oath in matters related to an inquiry or investigation.

Requests for a Hearing and Reduction. Under the bill, an aggrieved pharmaceutical manufacturer may apply in writing to the commissioner for a hearing, laying out why a hearing should be granted and how much the civil penalty should be. The pharmaceutical manufacturer must apply within 60 days after receiving the penalty notice or after it is delivered or mailed to the manufacturer. The commissioner may also order a hearing on his own initiative.

The commissioner must promptly consider and either grant or deny each application. If he denies it, he must immediately notify the applicant; if he approves it, he must provide the hearing date, time, and place. Following the hearing, he must provide the applicant a copy of any order he makes.

Additionally, the bill allows him to require a pharmaceutical manufacturer or any other person he believes possesses relevant information to appear, along with any specified documents for examination under oath.

In any hearing, the bill allows the commissioner or his authorized agents to subpoena witnesses and require the production of books, papers, and documents related to the investigation. A witness may not be excused from testifying or from producing documents solely because doing so would incriminate him or her. However, the bill prevents such evidence from being used in a criminal proceeding against the witness.

The bill allows the commissioner to apply to the Superior Court that has jurisdiction over the pharmaceutical manufacturer being investigated, or another court of competent jurisdiction, to compel any person to obey a subpoena. The bill requires the court to commit an individual still disobeying a subpoena or summons to a community correctional center until they do so, for up to a maximum of 60 days.

The bill requires that officers serving subpoenas and witnesses attending hearings receive fees and compensation at the same rate as they would for appearing in court.

Appeals. Any pharmaceutical manufacturer aggrieved by the commissioner's orders, decisions, determinations, or disallowances may appeal, within 30 days after receiving notice of the commissioner's action, to the Superior Court for the New Britain judicial district. The appeal must be accompanied by a citation to the commissioner to appear. It must be signed, served, and returned in the same way existing law requires for a civil summons in a civil action.

The authority issuing the citation must take from the person appealing the case, a bond or recognizance, with surety, to prosecute the appeal to effect and to comply with the court orders and decrees. These appeals must be preferred cases, to be heard at the first session of the court or an appointed committee, unless cause appears to the contrary.

Under the bill, the court may grant equitable relief, and if the civil penalty has already been paid, may order the treasurer to refund it. If the appeal has been taken without probable cause, the court may tax double or triple costs, as the case demands. After an appeal is denied, the court may, at its discretion, tax the manufacturer the costs of the appeal, but no costs must be taxed against the state.

Officer or Employee Penalties

Under the bill, a pharmaceutical manufacturer officer or employee who owes a duty to pay a civil penalty, file statements, or keep or produce records under the bill's provisions and willfully fails to do so is subject to a fine up to \$1,000, up to a year in prison, or both. Regardless of other state law, the bill establishes a three-year statute of limitations for officers or employees to be prosecuted after each violation.

Additionally, any officer or employee who willfully delivers or discloses any false list, statement, return, account statement, or other document to the commissioner is guilty of a class D felony, punishable by a fine up to \$5,000, up to 5 years in prison, or both.

The bill prohibits an officer or employee from being charged with an offense under both the provisions described above in connection with the same civil penalty. However, it allows the officer or employee to be charged for both offenses upon the same information.

List of Offenders

Beginning by July 1, 2023, the bill requires the commissioner to annually prepare, and make publicly available, a list of each pharmaceutical manufacturer that violated the bill's provisions during the preceding year.

Implementing Regulations

The bill authorizes the DRS commissioner to adopt implementing regulations.

Pharmaceutical Manufacturer's Withdrawing Prescription Drugs (§ 8)

Additionally, the bill prohibits a pharmaceutical manufacturer from withdrawing a prescription drug in Connecticut after it has been identified as being sold above the bill's price limits to avoid the civil penalty. Pharmaceutical manufacturers must notify OHS in writing at least 180 days before withdrawing one of these drugs from the Connecticut market. Under the bill, a pharmaceutical manufacturer that violates either of these provisions is subject to a \$500,000 civil penalty.

SB 1003

An Act Prohibiting Certain Health Carriers and Pharmacy Benefit Managers From Employing Copay Accumulator Programs **Successfully passed the House and Senate and signed into law by the Governor.**

This bill passed the Senate unanimously and the House by a vote of 107-35. It was introduced through the Insurance and Real Estate Committee and was supported at the public hearing by a number of patient advocate groups and was opposed by the association of health plans and pharmacy benefit managers. The CT Healthcare Advocate, Ted Doolittle, also supported it.

SUMMARY OF THE BILL AS PASSED

This bill requires certain health carriers and pharmacy benefits managers, when calculating a covered individual's cost sharing liability (e.g., coinsurance, copayment, deductible) for a covered benefit, to credit discounts provided and payments made by a third party for any portion of the cost sharing. Thus, the bill prohibits copay accumulator programs, under which drug manufacturer coupons and copay assistance generally do not apply toward a covered individual's cost-sharing responsibility.

The bill applies to each insurer, hospital or medical service corporation, HMO, or fraternal benefit society that delivers, issues, renews, amends, or continues in Connecticut on or after January 1, 2022, individual or group health insurance policies that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including those provided under an HMO plan. It also applies to managed care organizations that deliver, issue, renew, amend, or continue contracts in Connecticut on or after January 1, 2022, and pharmacy benefit managers entering into contracts with health carriers on or after that date.

**Senate Amendment "A" adds explicit reference to discounts provided by third parties.*

EFFECTIVE DATE: January 1, 2022

[HB 6622](#)

An Act Concerning Prescription Drug Formularies And Lists Of Covered Drugs.

Passed by House and Senate, awaiting signature by the Governor.

This bill passed the Senate by a vote of 33-3 and the House by a vote of 126-18. The bill prohibits health insurers that use prescription drug formularies from removing a drug completely or moving a drug to a higher cost-sharing tier during a plan year with limited exceptions. The bill as introduced was opposed at the public hearing only by the Pharmaceutical Care Management Association (the national association representing pharmacy benefit managers).

Bill Summary as Passed by the General Assembly:

Beginning January 1, 2022, this bill prohibits health carriers (e.g., insurers and HMOs) offering a health benefit plan that covers prescription drugs and uses a formulary (i.e., a list of covered prescription drugs) from removing from the formulary or moving to a higher cost-sharing tier, any covered drug during the plan year except as specifically allowed (see below). This applies regardless of any other general statute provision.

Additionally, the bill requires the Office of Health Strategy (OHS), at least annually, to conduct a study to determine the financial impact of the bill's requirements on the cost of commercial health plans in the state, including those offered and sold on the exchange (i.e., Access Health CT). Beginning by January 31, 2023, and annually thereafter, OHS must report the study results for the preceding year to the insurance commissioner and the Insurance and Real Estate Committee.

**House Amendment "A" adds the OHS study and reporting provisions.*

EFFECTIVE DATE: January 1, 2022

PERMITTED FORMULARY CHANGES

Under the bill, a health carrier may remove a prescription drug from a formulary with at least 90 days' advance notice to a covered person and his or her treating physician if the U.S. Food and Drug Administration (FDA):

- 1. issues an announcement, guidance, or similar statement questioning the drug's clinical safety, unless the treating physician states in writing that the drug remains medically necessary for the covered person, or*
- 2. approves the drug for over-the-counter use.*

The bill allows a carrier to move a drug to a higher cost-sharing tier if it is available in-network for \$40 or less per month in any tier. It also allows a carrier to move a brand name drug to a higher cost-sharing tier if it adds an FDA-approved generic alternative to the formulary at a lower cost-sharing tier than the brand name drug.

Lastly, the bill specifies that it does not prevent or prohibit a carrier from adding a prescription drug to a formulary at any time.

APPLICABILITY OF THE BILL'S PROVISIONS

The bill generally applies to each insurer, HMO, hospital or medical service corporation, fraternal benefit society, or other entity that delivers, issues, renews, amends, or continues individual or group health insurance policies in Connecticut on or after January 1, 2022, that cover (1) basic hospital expenses, (2) basic medical-surgical expenses, (3) major medical expenses, or (4) hospital or medical services. However, it does not apply to a grandfathered health plan, which is a plan that existed on March 23, 2010, and has not made significant coverage changes since.

Because of the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

SB 1045

An Act Concerning Step Therapy, Adverse Determination And Utilization Reviews, And Health Insurance Coverage For Children, Stepchildren And Other Dependent Children.

This bill passed the Senate, but failed to receive a vote in the House before session adjourned.

SUMMARY

This bill establishes a rebuttable presumption in a utilization or adverse determination review that a health care service ordered by a health professional acting within his or her scope of practice is medically necessary. For utilization reviews, the bill imposes on carriers or utilization review companies the burden of proving a health care service is not medically necessary. For adverse determination reviews, a carrier may rebut the assumption by reasonably substantiating to the clinical peers conducting the review that the service is not medically necessary. (Utilization and adverse determination reviews are steps in determining whether a specific service is covered and reimbursed, see BACKGROUND.)

The bill also expands current law's prohibition on step therapy to include prescription drugs prescribed to treat a behavioral health condition or a disabling, chronic, or life-threatening condition or disease.

The bill increases the education requirements to qualify as a clinical peer for utilization and adverse determination reviews unrelated to the urgent treatment of substance use or mental disorders, generally aligning them with the requirements for clinical peers that do treat those reviews. It also requires health carriers to authorize clinical peers to reverse initial adverse determinations.

Current law requires certain health insurance policies to cover children until age 26, or earlier if they receive coverage through their employer. The bill instead requires policies to cover them until age 26 regardless of whether they have coverage through their employer, and it extends this requirement to stepchildren and other dependent children.

EFFECTIVE DATE: January 1, 2022

Final Bill Report

Please Note: A full bill list has been attached for your review. This bill list includes all bills that were tracked on your behalf during the past legislative session. Note that bills passing both the House and the Senate are included first. Bills that were tracked that did NOT receive final passage are colored in gray:

Bill Number	Priority	Title & Synopsis	Status	Note
HB 5377		<p>An Act Concerning The Removal Of Covid-19 Related Layoffs From The Unemployment Compensation Experience Account.</p> <p>To remove COVID-19 related layoffs from the unemployment experience account.</p>	<p>Committees: LAB</p> <p>Status: Transmitted to the Secretary of State (5/6)</p>	<p>This bill disregards an employer's benefit charges and taxable wages between July 1, 2019, and June 30, 2021, when calculating the employer's unemployment tax experience rate for taxable years starting on or after January 1, 2022. In effect, this means that the unemployment benefits paid to an employer's former employees during that period will not affect the employer's experience rate. The bill's provisions apply to the extent allowed by federal law and as necessary to respond to the spread of COVID-19</p>
HB 6689		<p>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.</p> <p>synopsis unavailable</p>	<p>Committees:</p> <p>Status: In Concurrence (6/9)</p>	

Bill Number	Priority	Title & Synopsis	Status	Note
HB 6690		<p>An Act Authorizing And Adjusting Bonds Of The State For Capital Improvements, Transportation And Other Purposes, Establishing The Community Investment Fund 2030 Board, Authorizing State Grant Commitments For School Building Projects And Making Revisions To The School Building Project Statutes.</p> <p>synopsis unavailable</p>	<p>Committees:</p> <p>Status: In Concurrence (6/9)</p>	
SB 1202		<p>An Act Concerning Provisions Related To Revenue And Other Items To Implement The State Budget For The Biennium Ending June 30, 2023.</p> <p>synopsis unavailable</p>	<p>Committees:</p> <p>Status: Immediate Transmittal to the Governor (6/17)</p>	
HB 6622	2	<p>An Act Concerning Prescription Drug Formularies And Lists Of Covered Drugs.</p> <p>To limit 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.</p>	<p>Committees: INS</p> <p>Status: Transmitted by Secretary of the State to Governor (6/18)</p>	<p>Beginning January 1, 2022, this bill prohibits health carriers (e.g., insurers and HMOs) offering a health benefit plan that covers prescription drugs and uses a formulary from removing from the formulary or moving to a higher cost-sharing tier, any covered drug during the plan year except as specifically allowed. This applies regardless of any other general statute provision</p>

Bill Number	Priority	Title & Synopsis	Status	Note
SB 1003	2	<p>An Act Prohibiting Certain Health Carriers And Pharmacy Benefits Managers From Employing Copay Accumulator Programs.</p> <p>To require certain health carriers and pharmacy benefits managers to give credit for payments made by third parties for the amount of, or any portion of the amount of, an insured's or enrollee's cost-sharing liability for a covered benefit.</p>	<p>Committees: INS</p> <p>Status: Signed by the Governor (6/2)</p>	<p>This bill requires certain health carriers and pharmacy benefits managers, when calculating a covered individual's cost sharing liability (e.g., coinsurance, copayment, deductible) for a covered benefit, to credit discounts provided and payments made by a third party for any portion of the cost sharing. Thus, the bill prohibits copay accumulator programs, under which drug manufacturer coupons and copay assistance generally do not apply toward a covered individual's cost-sharing responsibility.</p>
HB 6380	3	<p>An Act Concerning The Disclosure Of Salary Range For A Vacant Position.</p> <p>To require employers to disclose salary ranges for vacant positions and to provide comparable pay for comparable work.</p>	<p>Committees: LAB; JUD</p> <p>Status: Signed by the Governor (6/7)</p>	
HB 6423	3	<p>An Act Concerning Immunizations.</p> <p>To protect the public health by ensuring adequate and appropriate immunizations of children.</p>	<p>Committees: PH; APP</p> <p>Status: Transmitted to the Secretary of State (5/6)</p>	<p>Removal of the non-medical exemption to vaccinations for school children. Originally included a grandfathering of children currently in 7th grade. The House and Senate passed the bill expanding the grandfathering provision to K-12 and was signed by the Governor into law.</p>
SB 1	3	<p>An Act Equalizing Comprehensive Access To Mental, Behavioral And Physical Health Care In Response To The Pandemic.</p> <p>To equalize comprehensive access to mental, behavioral and physical health care in response to the pandemic.</p>	<p>Committees: PH; APP</p> <p>Status: Signed by the Governor (6/14)</p>	

Bill Number	Priority	Title & Synopsis	Status	Note
SB 658	3	An Act Requiring Employers To Recall Certain Laid-off Workers In Order Of Seniority. To require employers to recall certain laid-off workers in order of seniority.	Committees: LAB; JUD Status: In Concurrence (6/9)	
SB 895	3	An Act Concerning Changes To Various Pharmacy Statutes. To make changes to various pharmacy statutes.	Committees: GL Status: In Concurrence (6/9)	
SB 1094	911	An Act Authorizing Bonds Of The State For Ctnext And The Innovation Place Program. To provide funding for CTNext and the innovation place program.	Committees: FIN Status: File Number 668 (5/10)	
SB 1099	911	An Act Authorizing Bonds Of The State For A Research Faculty Recruitment And Hiring Program By The University Of Connecticut To Encourage The Creation Of New Business Ventures. To provide funding for a research faculty recruitment and hiring program by The University of Connecticut, with the goal of encouraging and facilitating the creation of new business ventures.	Committees: FIN Status: File Number 670 (5/10)	
HB 5101	912	An Act Concerning The Cap On Research And Development Tax Credits. To increase the amount of research and development tax credits a taxpayer may utilize in an income year.	Committees: FIN Status: Referred to Joint Committee on Finance, Revenue and Bonding (1/12)	
HB 5102	912	An Act Concerning The Cap On Research And Development Tax Credits. To increase the amount of research and development tax credits a taxpayer may utilize in an income year.	Committees: FIN Status: Referred to Joint Committee on Finance, Revenue and Bonding (1/12)	

Bill Number	Priority	Title & Synopsis	Status	Note
HB 5182	912	<p>An Act Concerning The Cap On Research And Development Tax Credits.</p> <p>To increase the amount of research and development tax credits a biotechnology business may utilize in an income year.</p>	<p>Committees: FIN</p> <p>Status: FIN Public Hearing: Mon 3/15 09:00 AM @ (3/11)</p>	
SB 1045	912	<p>An Act Concerning Step Therapy, Adverse Determination And Utilization Reviews, And Health Insurance Coverage For Children, Stepchildren And Other Dependent Children.</p> <p>To: (1) Allow a child, stepchild or other dependent child to retain health insurance coverage under a parent's individual or group health insurance policy until the policy anniversary date after the date on which the child, stepchild or other dependent child attains the age of twenty-six; (2) prohibit certain health carriers from requiring the use</p>	<p>Committees: INS; APP</p> <p>Status: House Calendar Number 512 (5/14)</p>	
HB 5039	913	<p>An Act Concerning A Personal Income Tax Credit For Certain College Graduates With Stem Degrees.</p> <p>To reestablish a credit against the personal income tax for certain college graduates who receive a degree in a science, technology, engineering or math-related field.</p>	<p>Committees: FIN</p> <p>Status: Referred to Joint Committee on Finance, Revenue and Bonding (1/11)</p>	
HB 5119	913	<p>An Act Concerning Health Insurance Coverage For Prescription Drugs.</p> <p>To provide that a health carrier shall not remove a covered prescription drug from its list of covered drugs, or reclassify or place a covered prescription drug in a higher cost-sharing tier, during the term of a health insurance policy.</p>	<p>Committees: INS</p> <p>Status: Referred to Joint Committee on Insurance and Real Estate (1/12)</p>	

Bill Number	Priority	Title & Synopsis	Status	Note
HB 5122	913	<p>An Act Eliminating A Court's Authority To Depart From The Mandatory Minimum Sentence For The Illegal Manufacture, Distribution, Sale, Prescription Or Administration Of Opioids.</p> <p>To repeal section 21a-283a of the general statutes, which permits a court, upon a showing of good cause by the defendant, to depart from the prescribed mandatory minimum sentence relating to the illegal manufacture, distribution, sale, prescription or administration of opioids.</p>	<p>Committees: JUD</p> <p>Status: Referred to Joint Committee on Judiciary (1/12)</p>	
HB 5136	913	<p>An Act Concerning The Use Of Technology To Combat Opioid Abuse And Addiction.</p> <p>To combat opioid use and addiction.</p>	<p>Committees: PH</p> <p>Status: Referred to Joint Committee on Public Health (1/12)</p>	
HB 5137	913	<p>An Act Concerning The Monitoring Of The Dispensing And Administration Of Opioid Drugs By Veterinarians.</p> <p>To limit, monitor and track the dispensing and administration of opioid drugs by veterinarians.</p>	<p>Committees: PH</p> <p>Status: Referred to Joint Committee on Public Health (1/12)</p>	
HB 5215	913	<p>An Act Establishing A Grant Program For Certain Researchers Engaged In Stem-related Research In The State.</p> <p>To encourage technology start-ups to establish their businesses in Connecticut and grow technology sector jobs for state residents.</p>	<p>Committees: CE</p> <p>Status: CE Public Hearing: Thu 2/11 10:00 AM @ (2/5)</p>	
HB 5482	913	<p>An Act Implementing The Recommendations Of The Working Group On A Public-private Partnership To Recruit Businesses To Connecticut.</p> <p>To implement the recommendations of the working group on a public-private partnership to recruit businesses to the state.</p>	<p>Committees: CE</p> <p>Status: File Number 197 (3/30)</p>	

Bill Number	Priority	Title & Synopsis	Status	Note
HB 5570	913	<p>An Act Authorizing The State To Enter Into A Multistate Compact To Work Toward Developing Cures For Major Diseases.</p> <p>To incentivize investment in medical research toward cures for disease rather than treatment of disease and to share taxpayer savings in money and bodily treasure.</p>	<p>Committees: PH</p> <p>Status: Referred to Joint Committee on Public Health (1/26)</p>	
HB 5613	913	<p>An Act Concerning Economic Assistance Programs Administered By The Department Of Economic And Community Development.</p> <p>To require that the Department of Economic and Community Development dedicate a percentage of economic assistance program funds for small businesses.</p>	<p>Committees: CE</p> <p>Status: Referred to Joint Committee on Commerce (1/27)</p>	
HB 5886	913	<p>An Act Concerning The Importation Of Prescription Drugs.</p> <p>To lower the cost of prescription drugs.</p>	<p>Committees: GL</p> <p>Status: Referred to Joint Committee on General Law (1/28)</p>	
HB 6021	913	<p>An Act Prohibiting The Administration Of Certain Vaccines.</p> <p>To prohibit the administration of vaccines that do not meet certain criteria.</p>	<p>Committees: PH</p> <p>Status: Referred to Joint Committee on Public Health (1/28)</p>	
HB 6022	913	<p>An Act Establishing An Adverse Event Reporting System.</p> <p>To establish an adverse event reporting system for COVID-19 restrictions or requirements for individuals and businesses.</p>	<p>Committees: PH</p> <p>Status: Referred to Joint Committee on Public Health (1/28)</p>	

Bill Number	Priority	Title & Synopsis	Status	Note
HB 6024	913	<p>An Act Prohibiting The State From Mandating The Use Of Any Medical Product.</p> <p>To prohibit the Department of Public Health, Governor or Lieutenant Governor from requiring the use of any medical product.</p>	<p>Committees: PH</p> <p>Status: Referred to Joint Committee on Public Health (1/28)</p>	
HB 6224	913	<p>An Act Promoting Drug Price Transparency.</p> <p>To promote drug price transparency.</p>	<p>Committees: GL</p> <p>Status: Referred to Joint Committee on General Law (1/29)</p>	
HB 6227	913	<p>An Act Establishing A Task Force To Study Work-based Learning Opportunities In Industries With A Hiring Need In The State.</p> <p>To establish a task force to identify high-growth, high-demand jobs and analyze the implementation and creation of partnerships that provide apprenticeship opportunities for such jobs.</p>	<p>Committees: HED</p> <p>Status: HED Public Hearing: Tue 3/9 10:00 AM @ (3/5)</p>	
HB 6233	913	<p>An Act Establishing A Student Loan Reimbursement Program For Graduates Who Start A Business Or Work In A High-growth Industry In The State.</p> <p>To establish a student loan reimbursement program for graduates of institutions of higher education who start a business or work in a high-growth industry in the state for not less than five years.</p>	<p>Committees: HED</p> <p>Status: Referred to Joint Committee on Higher Education and Employment Advancement (1/29)</p>	

Bill Number	Priority	Title & Synopsis	Status	Note
HB 6244	913	<p>An Act Prohibiting Certain Health Carriers And Pharmacy Benefits Managers From Employing Copay Accumulator Programs.</p> <p>To require certain health carriers and pharmacy benefits managers to give credit for payments made by third parties for the amount of, or any portion of the amount of, an insured's or enrollee's cost-sharing liability for a covered benefit.</p>	<p>Committees: INS</p> <p>Status: Referred to Joint Committee on Insurance and Real Estate (1/29)</p>	
HB 6247	913	<p>An Act Concerning Public Options For Health Care In Connecticut.</p> <p>To: (1) Establish the ConnectHealth Program, the ConnectHealth Trust Account and the ConnectHealth Advisory Board; (2) require the Comptroller, in consultation with the ConnectHealth Advisory Board and the Office of Health Strategy, to establish the ConnectHealth Plan; (3) authorize the Comptroller to offer coverage to plan participants and benefic</p>	<p>Committees: INS</p> <p>Status: Referred to Joint Committee on Insurance and Real Estate (1/29)</p>	
HB 6282	913	<p>An Act Requiring Employers To Report Independent Contractors To The State Directory Of New Hires.</p> <p>To expand access to information to aid in the creation and enforcement of child support orders.</p>	<p>Committees: LAB</p> <p>Status: Referred to Joint Committee on Labor and Public Employees (1/29)</p>	
HB 6358	913	<p>An Act Requiring Businesses Receiving Financial Assistance From The Department Of Economic And Community Development To Make Good Faith Efforts To Employ Persons With Autism Spectrum Disorder Or Intellectual And Developmental Disabilities.</p> <p>To require businesses receiving financial assistance from the Department of Economic and Community Development to make good faith efforts to employ persons with autism spectrum disorder or intellectual and developmental disabilities.</p>	<p>Committees: CE</p> <p>Status: Referred to Joint Committee on Commerce (2/3)</p>	

Bill Number	Priority	Title & Synopsis	Status	Note
HB 6587	913	<p>An Act Concerning Health Insurance Coverage For Epinephrine Cartridge Injectors, Health Carriers, Pharmacy Benefits Managers And The Cost Impact Of Certain Mandated Health Insurance Benefits.</p> <p>To provide that certain individual and group health insurance policies shall not impose a coinsurance, copayment, deductible or out-of-pocket expense for a covered epinephrine cartridge injector in an amount that is greater than twenty-five dollars.</p>	<p>Committees: INS</p> <p>Status: File Number 793 (6/5)</p>	
HB 6632	913	<p>An Act Concerning The Invest Ct Fund Program.</p> <p>To specify investment requirements for the invest CT fund program on or after September 1, 2021, and increase the aggregate amount of credits allowed under the program.</p>	<p>Committees: FIN</p> <p>Status: FIN Public Hearing: Wed 3/17 09:00 AM @ (3/12)</p>	Is this applicable to BIOs ?
SB 19	913	<p>An Act Concerning Health Coverage For Outpatient Psychotropic Drugs.</p> <p>To prohibit health insurance policies providing coverage for outpatient prescription drugs, and mental health care benefits provided under state law, with state funds or to state employees, from:</p> <p>(1) Requiring a prescribing health care provider to prescribe an outpatient psychotropic drug in a quantity that the provider deems clinically inappropria</p>	<p>Committees: INS</p> <p>Status: Referred to Joint Committee on Insurance and Real Estate (1/8)</p>	
SB 22	913	<p>An Act Concerning Public Options For Health Care In Connecticut.</p> <p>To: (1) Establish the ConnectHealth Program, the ConnectHealth Trust Account and the ConnectHealth Advisory Board; (2) require the Comptroller, in consultation with the ConnectHealth Advisory Board and the Office of Health Strategy, to establish the ConnectHealth Plan; (3) authorize the Comptroller to offer coverage to plan participants and benefic</p>	<p>Committees: INS</p> <p>Status: Referred to Joint Committee on Insurance and Real Estate (1/8)</p>	

Bill Number	Priority	Title & Synopsis	Status	Note
SB 24	913	<p>An Act Limiting Changes To Prescription Drug Formularies And Lists Of Covered Drugs.</p> <p>To limit 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.</p>	<p>Committees: INS</p> <p>Status: Referred to Joint Committee on Insurance and Real Estate (1/8)</p>	
SB 28	913	<p>An Act Requiring Health Insurance Coverage For Severe Obesity Treatment.</p> <p>To require health insurance coverage for certain surgical procedures performed, and certain outpatient prescription drugs prescribed, to treat severe obesity.</p>	<p>Committees: INS</p> <p>Status: Referred to Joint Committee on Insurance and Real Estate (1/8)</p>	
SB 34	913	<p>An Act Prohibiting Certain Health Carriers And Pharmacy Benefits Managers From Employing Copay Accumulator Programs.</p> <p>To require certain health carriers and pharmacy benefits managers to give credit for payments made by third parties for the amount of, or any portion of the amount of, an insured's or enrollee's cost-sharing liability for a covered benefit.</p>	<p>Committees: INS</p> <p>Status: Referred to Joint Committee on Insurance and Real Estate (1/8)</p>	
SB 103	913	<p>An Act Concerning The Packaging Of Certain Opioid Drugs.</p> <p>To reduce the amount of unused opioid drugs thereby reducing opportunities for misuse, abuse, inappropriate access and overdose of opioid drugs and potentially reducing the number of people who develop opioid use disorders.</p>	<p>Committees: PH</p> <p>Status: Referred to Joint Committee on Public Health (1/12)</p>	

Bill Number	Priority	Title & Synopsis	Status	Note
SB 200	913	<p>An Act Limiting Changes To Prescription Drug Formularies And Lists Of Covered Drugs.</p> <p>To limit 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.</p>	<p>Committees: INS</p> <p>Status: Referred to Joint Committee on Insurance and Real Estate (1/22)</p>	
SB 201	913	<p>An Act Prohibiting Certain Health Carriers And Pharmacy Benefits Managers From Employing Copay Accumulator Programs.</p> <p>To require certain health carriers and pharmacy benefits managers to give credit for payments made by third parties for the amount of, or any portion of the amount of, an insured's or enrollee's cost-sharing liability for a covered benefit.</p>	<p>Committees: INS</p> <p>Status: Referred to Joint Committee on Insurance and Real Estate (1/22)</p>	
SB 202	913	<p>An Act Concerning Step Therapy, Adverse Determination And Utilization Reviews, And Required Health Insurance Coverage For Children, Stepchildren And Other Dependent Children.</p> <p>To: (1) Prohibit health carriers from requiring the use of step therapy for drugs prescribed to treat disabling, chronic or life-threatening diseases or conditions; (2) require that health carriers bear the burden of proving that certain health care services under adverse determination or utilization review are not medically necessary; (3) redefine</p>	<p>Committees: INS</p> <p>Status: Referred to Joint Committee on Insurance and Real Estate (1/22)</p>	
SB 218	913	<p>An Act Concerning The Cost Of Health Care, Prescription Drug Reimportation, Stop-loss Insurance And Reinsurance.</p> <p>To: (1) Require the Office of Health Strategy to establish and implement health care cost growth benchmarks in this state; (2) require the Commissioner of Consumer Protection to submit a request to the federal Secretary of Health and Human Services to implement a Canadian prescription drug reimportation program in this state and, if the secretary a</p>	<p>Committees: INS</p> <p>Status: Referred to Joint Committee on Insurance and Real Estate (1/22)</p>	

Bill Number	Priority	Title & Synopsis	Status	Note
SB 342	913	<p>An Act Establishing A Connecticut Entrepreneur Week.</p> <p>To establish a Connecticut Entrepreneur Week to showcase local entrepreneurs' products and businesses.</p>	<p>Committees: CE</p> <p>Status: Referred to Joint Committee on Commerce (1/26)</p>	
SB 344	913	<p>An Act Implementing The Recommendations Of The Governor's Workforce Council.</p> <p>To adopt programs that meet the workforce needs of Connecticut.</p>	<p>Committees: CE</p> <p>Status: Referred to Joint Committee on Commerce (1/26)</p>	
SB 403	913	<p>An Act Requiring The Department Of Public Health To Develop And Disclose A Clearly Articulated Plan For The Distribution Of Covid-19 Vaccines.</p> <p>To provide residents a relative certainty as to when they can expect vaccination.</p>	<p>Committees: PH</p> <p>Status: Referred to Joint Committee on Public Health (1/26)</p>	
SB 405	913	<p>An Act Prohibiting The State From Mandating A Vaccine That Has Only Been Given Emergency Use Authorization From The Federal Food And Drug Administration.</p> <p>To ensure that long-term vaccine studies are performed on a vaccine before the vaccine is mandated by the state.</p>	<p>Committees: PH</p> <p>Status: Referred to Joint Committee on Public Health (1/26)</p>	
SB 502	913	<p>An Act Concerning Health Care And Health Insurance In Connecticut.</p> <p>To reduce the cost of, and provide for additional transparency regarding, the cost of health care and health insurance in this state.</p>	<p>Committees: INS</p> <p>Status: Referred to Joint Committee on Insurance and Real Estate (1/27)</p>	
SB 649	913	<p>An Act Concerning The Availability Of Generic Pharmaceuticals.</p> <p>To preserve patient access to affordable prescription drugs.</p>	<p>Committees: GL</p> <p>Status: Referred to Joint Committee on General Law (1/28)</p>	

Bill Number	Priority	Title & Synopsis	Status	Note
SB 668	913	<p>An Act Concerning A Fair Work Week Schedule.</p> <p>To require certain employers to provide advance notice to certain employees of the employees' work schedule.</p>	<p>Committees: LAB; JUD</p> <p>Status: House Calendar Number 517 (5/19)</p>	<p>This bill passed the Senate with all GOP and 4 democrat Senators voting no (20-16). The bill as amended by the Senate generally requires employers with at least 500 employees to pay certain types of employees half of their regular pay rate for any scheduled hours that the employer cancels or reduces after the employee reports to work for the scheduled hours, or less than 7 days in advance. The bill applies to franchises that employ 500 employees in total for employees who are paid by the hour who are not exempt from min wage or overtime rules. This bill was never taken up by the House</p>
SB 766	913	<p>An Act Concerning Required Health Insurance And Medicaid Coverage For Brand-name Prescription Drugs.</p> <p>To modify certain provisions requiring health insurance and Medicaid coverage for brand-name prescription drugs.</p>	<p>Committees: INS</p> <p>Status: Referred to Joint Committee on Insurance and Real Estate (1/29)</p>	
SB 789	913	<p>An Act Concerning The Connecticut Development, Research And Economic Assistance Matching Grant Program.</p> <p>To establish the Connecticut development, research and economic assistance matching grant program.</p>	<p>Committees: CE</p> <p>Status: Referred to Joint Committee on Commerce (2/1)</p>	

Bill Number	Priority	Title & Synopsis	Status	Note
SB 842	913	<p>An Act Concerning Health Insurance And Health Care In Connecticut.</p> <p>To: (1) Authorize the Comptroller to offer health coverage to plan participants and beneficiaries in this state under a multiemployer plan, nonprofit employers and their employees and small employers and their employees; (2) assess an annual fee against certain insurers, health care centers and exempt insurers; (3) require the Connecticut Health In</p>	<p>Committees: INS</p> <p>Status: Moved to Foot of the Calendar, Senate (5/26)</p>	
SB 843	913	<p>An Act Concerning The Regulation Of Insurance In This State.</p> <p>To: (1) Provide that certain health carriers (A) shall offer Medicare supplement insurance policies and certificates for plan "D" to persons eligible for Medicare by reason of disability, and (B) may deliver Medicare supplement insurance policies and certificates for plan "D" to qualified Medicare beneficiaries; (2) amend certain provisions of the</p>	<p>Committees: INS</p> <p>Status: File Number 315 (4/7)</p>	
SB 859	913	<p>An Act Concerning Certain Deposits In The Department Of Veterans Affairs' Institutional General Welfare Fund.</p> <p>To require the deposit of reimbursements from the United States Department of Veterans Affairs for pharmaceutical purchases into the institutional general welfare fund.</p>	<p>Committees: VA</p> <p>Status: House Calendar Number 437 (4/29)</p>	
SB 1006	913	<p>An Act Concerning Health Care Costs, The Connecticut Health Insurance Exchange And Health Equity.</p> <p>To: (1) Require the Office of Health Strategy to (A) develop, innovate, direct and oversee health care delivery and payment models, (B) develop and adopt health care quality benchmarks, (C) enhance the transparency of health care entities, (D) monitor the development of accountable care organizations and patient-centered medical homes, and (E) moni</p>	<p>Committees: INS</p> <p>Status: INS Public Hearing: Thu 3/11 12:00 PM @ (3/5)</p>	

Bill Number	Priority	Title & Synopsis	Status	Note
SB 262	914	<p>An Act Requiring Manufacturers Of Brand Name Prescription Drugs To Provide Samples Of Such Drugs To Manufacturers Of Generic Prescription Drugs.</p> <p>To promote competition in the prescription drug market by allowing developers of generic drugs and biosimilar products to obtain reference samples.</p>	<p>Committees: GL; JUD; APP</p> <p>Status: House Calendar Number 554 (5/27)</p>	
SB 269	914	<p>An Act Concerning The Availability Of Generic Pharmaceuticals.</p> <p>To preserve consumer access to affordable generic drugs.</p>	<p>Committees: GL</p> <p>Status: File Number 15 (3/4)</p>	
HB 6447	915	<p>An Act Creating The Covered Connecticut Program To Expand Access To Affordable Health Care.</p> <p>To implement the Governor's budget recommendations.</p>	<p>Committees: INS</p> <p>Status: File Number 383 (4/12)</p>	Governor's Bill