



## NOTES OF INTEREST

- Insurance & Real Estate Committee Meetings are being carried on CT-N and via [YouTube](#). Links are provided on the [CGA](#) Calendar Meeting notices
- The Insurance and Real Estate committee will hold three public hearings this week: March 15<sup>th</sup> at 9am, March 17<sup>th</sup> at 9am, and March 18<sup>th</sup> at 9am
- Access Health CT Board will meet March 17<sup>th</sup>



## Legislative Highlights March 14, 2022

### LEGISLATION

The Insurance and Real Estate Committee met this week to refer three bills out of committee: [S.B. No. 13](#) An Act Reducing Prescription Drug Prices (with [substitute language](#)), [S.B. No. 15](#) An Act Encouraging Primary And Preventive Care (with [substitute language](#)), and [H.B. No. 5042](#) An Act Concerning Health Care Cost Growth. These are the only bills that have been referred out of the committee thus far.

The Insurance and Real Estate committee currently has three public hearings scheduled: March 15<sup>th</sup> at 9 am, March 17<sup>th</sup> at 9am, and March 18<sup>th</sup> at 9am. The Connecticut Benefit Brokers will be submitting testimony in support of two pieces of legislation that will be heard March 15<sup>th</sup>- [S.B. No. 357](#) An Act Concerning Copay Accumulator Programs and High Deductible Health Plan and [H.B. No. 5383](#) An Act Concerning Association Health Plans.

On Friday, March 18th, there will also be a hearing of interest in the Appropriations committee. At 10:00 AM, the committee will hear testimony on [SB 34 - An Act Concerning Funding For The Covered Connecticut Program](#).

We are currently tracking eleven pieces of legislations for the CT Benefit Brokers. New legislation tracked this week includes: [HB 5410 - An Act Concerning High Deductible Health Plans](#), and [SB 356 - An Act Requiring The Insurance Commissioner To Consider Affordability As A Factor In Reviewing Individual And Group Health Insurance Policy Premium Rate Filings](#).

As always, we will be sure to keep you up to date on all issues and bills of interest.

### ADMINISTRATION

As mentioned above, all three of the governor' legislative proposals pertaining to health care costs were referred out of the Insurance and Real Estate committee this week: [S.B. No. 13](#) An Act Reducing Prescription Drug Prices (with [substitute language](#)), [S.B. No. 15](#) An Act Encouraging Primary And Preventive Care (with [substitute](#)

[language](#)), and [H.B. No. 5042](#) An Act Concerning Health Care Cost Growth.



## KEY INFORMATION RESOURCES:

- **FOR THE MOST UP-TO-DATE INFORMATION FROM THE STATE OF CONNECTICUT ON COVID-19, INCLUDING GUIDANCE AND OTHER RESOURCES, ALL RESIDENTS IN THE STATE ARE ENCOURAGED TO VISIT [CT.GOV/CORONAVIRUS](https://portal.ct.gov/CORONAVIRUS)**
- **CT Insurance Department Bulletins:** <https://portal.ct.gov/CID/Bulletins/Current-List-of-Bulletins>
- **Connecticut Paid Leave Authority website:** [CTPaidLeave.org](https://CTPaidLeave.org)

## RECENT ARTICLES AND OP-EDS OF NOTE:

### [Op-Ed Highlights Negative Impact of Public Option on Small Business](#)

Recently Kevin Maloney, owner of Northeast Express Transportation in Windsor Locks, published an op-ed in the CT Mirror outlining the impact of increased government involvement in health care in Connecticut and the impact of efforts to pass legislation mandating the creation of a new state government-controlled health insurance system —often known as the “public option” or “state government option”—similar to what was proposed and failed during last year’s legislative session and many times before. In his piece he cites the recent KNG study that examines the effects a public option would have on health coverage, state spending, and state revenues and finds that the consequences of the public option would be devastating to Connecticut businesses and taxpayers.

### [California’s Single Payer Bill Dies](#)

Legislation to create what would be the nation’s first government-funded, state-run health care system failed to get a vote last month effectively ending the push for single-payer legislation in another state. Connecticut legislators often look to other states, particularly when it supports their views and positions, to make the case for passing legislation in our State. The repercussions of upending California’s health care system were hard to overstate, and the stakes were really high given that Gov. Newsom had campaigned for governor on the promise of single-payer. Gov. Newsom instead touted his proposal to extend Medi-Cal to all income-eligible undocumented adults. AB 1400, sponsored by the California Nurses Association, would have all but eliminated private health care and replaced it with a centralized state-run financing system known as CalCare, a plan that legislative analysts estimated could cost between \$314 billion and \$391 billion a year. The California Medical Association, the California Association of Health Plans, the California Hospital Association, the California Chamber of Commerce and numerous other business and medical forces had joined to lobby against the bill.

CT Insider: [Immigration activists rally in support of CT child health care expansion](#)

Fox 61: [Audit finds security breaches from Connecticut Health Insurance Exchange not reported](#)

Record Journal: [Access Health CT offering special enrollment period](#)

Hartford Courant: [Lamont’s health care bills draw criticism from Connecticut advocates](#)

Hartford Business Journal: [CT, insurance groups sign deal with U.K. for ‘InsurTech Corridor’](#)



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