National Association of Benefits and Insurance Professionals
Connecticut Chapter
NABIP
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NOTES OF INTEREST

- The Connecticut State Legislature began the 2025 Session on January 8th and will adjourn on June 4th.
- The next House Session is scheduled for 11am on Monday April 28. Sessions can be watched live at CT-N.com
- Additional session days can be found here (list is updated as new dates are scheduled)
- The Insurance and Real Estate committee has finished their regular business for the session. The committee bill referral deadline has passed

LEGISLATIVE HIGHLIGHTS
April 23, 2025

LEGISLATION

With just under six weeks left in the legislative session, the joint committees of the Connecticut General Assembly have wrapped up almost all of their regular legislative work. On Tuesday, April 22, the Appropriations committee released their amendments to the Governor's proposed FY 26- FY27 budget. The committee voted, mostly along party lines (with Democrats in favor and Republicans against) to refer the bill to the floor of the House. The Finance, Revenue, and Bonding Committee will release their proposed revenue package later this week.

The Insurance and Real Estate Committee has wrapped up it's regular committee work for the session. All bills referred out of the Insurance and Real Estate committee continue to move along through the standard legislative process. Bills go to the Legislative Commissioner's Office and Office of Fiscal Analysis for review and a fiscal note. Any amendments made to language during the referral process will be incorporated into the language, and all of this information will then be published in "File Copy" form. File copies will then be sent to their respective chambers to be placed on the calendar for a final vote. Some bills with fiscal or judicial impact may be referred to other committees for further review before final action.

The deadline to refer Insurance bills out of committee has now passed, but it is important to note that many pieces of legislation "come back" in the form of amendments on the floor. We will continue to monitor all legislation and amendments as they are published and provide updates as necessary.

Recent Action on Legislation of Interest:

Several bills have completed the legislative review process and have now been published in File Copy form. Details on those bills, as well as other bills we are closely following, are below. ***Perhaps most critically, we have learned that ongoing advocacy to remove the stop loss section (section 12) of SB 11 has been noticed by legislators- please continue to send messages into their offices using the link below.***

Note: Bills placed on a chamber calendar for final action can be called for a vote at any time, but we do not expect any movement on these items within the next couple of weeks. We will provide updates as we have them.

Senate Bill 11: An Act Concerning Prescription Drug Access and Affordability

Latest Action: Placed on Senate Calendar

- File Copy Number 420

Section 12 of this proposal would mandate attachment points and ACA benefits on stop-loss policies for self-funded plans. In particular, the bill would require any stop-loss insurance policy used along with a self-funded employee health benefit plan to either:

1. Include federal and state-mandated coverage or,
2. have a minimum individual attachment point of at least $75,000 and an aggregate attachment point of at least $250,000.

TAKE ACTION: Click this link to tell your legislators to oppose policies like those included in SB 11 and SB 10

Senate Bill 10 : An Act Concerning Health Insurance And Patient Protection.

Latest Action: Placed on Senate Calendar

- File Copy Number 419

This legislation would require health insurers to bear the burden of proof for medical necessity; mandate site-neutral payments; and add affordability as a factor in rate filings.

TAKE ACTION: Click this link to tell your legislators to oppose policies like those included in SB 11 and SB 10

House Bill 6895: An Act Concerning Health Benefit Review and Requiring Health Insurance Coverage for Biomarker Testing.

Latest Action: Placed on House Calendar

- File Copy Number 310

This bill requires that a mandated health insurance benefit enacted by the legislature on or after January 1, 2026, must sunset four years after its effective date, unless before that date the (1) Insurance and Real Estate Committee has received a mandated health benefit report on the benefit's quality and cost impacts from the insurance commissioner and(2) House and Senate each approve the benefit by a majority vote.

The bill modifies the Insurance Department's health benefit review program. It requires the insurance commissioner, within three years of a mandated health benefit's effective date, to submit a report to the Insurance and Real Estate Committee that evaluates the benefit's quality and cost impacts. By law, unchanged by the bill, the insurance commissioner may assess health carriers (e.g., insurers and HMOs) for the costs of the health benefit review program. Assessments are deposited in the Insurance Fund

The bill also requires a legislative fiscal note for any bill that, if passed, would impact the premiums paid by enrollees of health benefit plans offered on the Connecticut Health Insurance Exchange (i.e. Access Health CT). These fiscal notes must include an enrollee impact statement. The Office of Fiscal Analysis must prepare the statement, which must assess if the bill will have a significant direct financial impact to the enrollees' premium costs (§§ 2 & 3). Beginning with the 2026 legislative session, the bill prohibits the legislature from acting on a bill without the required enrollee impact statement, unless two thirds of each chamber votes to dispense with the requirement (§ 3).

Lastly, the bill requires certain individual and group health insurance policies to cover biomarker testing to diagnose, treat, manage, or monitor an insured's disease or condition, if medical and scientific evidence demonstrates that the testing provides clinical utility. It (1) requires health carriers to establish a process for insureds to request an exception to a coverage policy or dispute an adverse utilization review determination (e.g., denial) related to the coverage and (2) sets specific requirements for prior authorization requests.

House Bill 7040: An Act Requiring a Study of Health Carrier Coverage Guidelines, Utilization Review and Coverage for Life-saving Medical Treatment or Services.

Latest Action: Placed on House Calendar

- File Copy Number 364

To require that the Insurance Commissioner conduct a study of:

1. Health carrier coverage guidelines in this state as compared to such coverage guidelines in other states;
2. utilization review transparency measures and time limits concerning utilization review of non-urgent and urgent care requests; and
3. mandated health insurance coverage for life-saving medical treatment or services.

ADMINISTRATION

Governor's Healthcare Legislation:

Senate Bill 1253: An Act Reducing Insurance Rate Premium Requests.

Latest Action: Placed on Senate Calendar

- File Number 282

This bill allows the insurance commissioner to reduce a health carrier's individual or small employer group health insurance rate request by up to two percentage points if the carrier's average approved premium rate increase exceeded the state's health care cost growth benchmark in each of the previous two plan years. This reduction is in addition to any other rate reduction allowed by law.

House Bill 6871: An Act Limiting Out-Of-Network Health Care Costs.

Latest Action: Placed on Senate Calendar

- File Number 309

For health benefit plans entered into, renewed, or amended on or after January 1, 2027, this bill prohibits a health care provider's out-of-network charges for inpatient or outpatient hospital services provided to a health benefit plan enrollee from exceeding 240% of the Medicare reimbursement rate charged for the same service in the same geographic area. It also prohibits a health care provider from charging or collecting any amount greater than the cost sharing amounts under the patient's health benefit plan and allowed by law. The bill specifies that the total cost paid by the plan and the patient combined cannot exceed the 240% of Medicare limit or an amount the Office of Health Strategy (OHS) determines in regulations. Under the bill, any plan that does not reimburse claims on a fee-for-service basis but that uses an alternative payment method (e.g., value based, capitation, or bundled payments) still must account for the limit.

Budget: The governor proposed a new biennial budget to the legislature on February 5th. The Appropriations Committee of the General Assembly released their response to the governor's budget this week on Tuesday. The package includes $27.1 billion in spending in the fiscal year that starts July 1, plus $28.4 billion in the second year of the biennium. Key highlights in the legislature's proposal include:

- The absence of broad-based Medicaid rate increases, as previously advocated for by law makers
- The committee proposal exceeds the spending cap for the first time in 20 years. The committee addresses this by changing two of the state's fiscal guardrail policies:
    - A program that has barred legislators from spending $1.4 billion in annual income and business tax receipts since 2017 would be scaled back by $300 million, effective immediately.
    - And the spending cap that ties budget growth to household income and inflation would be exceeded and reset to allow an extra $131 million in appropriations next fiscal year. That can be done with a three-fifths vote in the House and Senate, provided the governor first declares a fiscal emergency in writing.

The governor's proposed budget can be found here. The governor's full list of legislative proposals can be found here.

After the Appropriations committee votes on the proposal, it will be debated internally amongst leadership and the governor's office before being called for a final vote. The final vote on the budget is not expected until late May or early June. We will continue to keep you updated as issues arise.

KEY INFORMATION RESOURCES:

- **CT Insurance Department Health Care Bulletins:** https://portal.ct.gov/cid/department-resources/bulletins/health-care-bulletins
- **Connecticut Paid Leave Authority website:** CTPaidLeave.org

RECENT ARTICLES AND OP-EDS OF NOTE:

- **Hartford Courant:** 'CT health system's contract with insurer has expired. What patients need to know about their coverage.
- **CT Mirror:** CT approves merger of Northwell, Nuvance health systems
- **NBC CT:** Face the Facts: How CT is preparing for federal funding cuts
- **CT Mirror:** Op-ed: The 340B pharmacy program has been corrupted
- **MSN**: New Trump-Era Rules Stall Payments To U.S. Healthcare Programs
- **HBJ: Report:** The number of CT small businesses offering health insurance fell 25% since 2009, biggest decline in U.S.
- **News-Times:** Danbury Hospital sues health insurance giant for repeatedly failing to pay Medicare Advantage claims
- **CT Inside Investigator:** Connecticut's effort to limit healthcare cost growth "not working"

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