

NOTES OF INTEREST

- The Connecticut State Legislature began the 2025 Session on January 8th and will adjourn on June 4th.
- The next House and Senate Sessions are scheduled for April 9th at 11am. They 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 7, 2025

LEGISLATION

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. 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 is currently working with each agency to review and amend the budget. We expect to see a proposed budget from the committee by late April. A final vote on the budget is not expected until late May or early June. We will continue to keep you updated as issues arise.

The governor's proposed budget can be found [here](#). The governor's full list of legislative proposals can be found [here](#).

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:

- **CBIA:** ['Dangerous Path:' Small Business Healthcare Plans Threatened](#)
- **HBJ:** [Brokers blast CT bill imposing mandates on self-funded employer health plans](#)
- **HBJ:** [Access Health CT has record enrollment for 2025; warns of higher costs next year without federal action](#)
- **CT Mirror:** [People call GLP-1s life-changing. CT says it can't afford them.](#)
- **CT Insider:** [CT debates Medicaid reimbursement hikes as advocates plead to reform 'inconsistent, broken' system](#)
- **CT Public:** [UnitedHealthcare and HHC reach last-minute deal, but another contract dispute looms for CT patients](#)



- **HBJ:** [Opinion: SB 11 is a disaster for CT businesses — and a gift to big health insurance](#)
- **CT Insider:** [Expanded federal health insurance financial aid set to expire in 2025. Here's what to know.](#)
- **CT Mirror:** [Lamont, officials brace for federal cuts to Medicaid](#)



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