



General Assembly

**Amendment**

February Session, 2024

LCO No. 5639



Offered by:

REP. DENNING, 42<sup>nd</sup> Dist.

REP. NUCCIO, 53<sup>rd</sup> Dist.

To: Subst. Senate Bill No. 1

File No. 315

Cal. No. 461

(As Amended)

**"AN ACT CONCERNING THE HEALTH AND SAFETY OF  
CONNECTICUT RESIDENTS."**

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1 After the last section, add the following and renumber sections and  
2 internal references accordingly:

3 "Sec. 501. Section 38a-21 of the general statutes is repealed and the  
4 following is substituted in lieu thereof (*Effective October 1, 2024*):

5 (a) As used in this section:

6 (1) "Commissioner" means the Insurance Commissioner.

7 (2) "Exchange" has the same meaning as provided in section 38a-1080.

8 (3) "Executive director" means the executive director of the Office of  
9 Health Strategy.

10 (4) "Health carrier" has the same meaning as provided in section 38a-

11 1080.

12 [(2)] (5) "Mandated health benefit" means [an existing statutory  
13 obligation of, or] proposed legislation that would require [.] an insurer,  
14 health care center, hospital service corporation, medical service  
15 corporation, fraternal benefit society or other entity that offers  
16 individual or group health insurance or medical or health care benefits  
17 plan in this state or a health carrier that offers a qualified health plan  
18 through the exchange or the state employee plan to [:(A) Permit an  
19 insured or enrollee to obtain health care treatment or services from a  
20 particular type of health care provider; (B) offer or provide coverage for  
21 the screening, diagnosis or treatment of a particular disease or  
22 condition; or (C)] offer or provide coverage for a particular type of  
23 health care treatment or service, or for medical equipment, medical  
24 supplies or drugs used in connection with a health care treatment or  
25 service. ["Mandated health benefit" includes any proposed legislation to  
26 expand or repeal an existing statutory obligation relating to health  
27 insurance coverage or medical benefits.]

28 (6) "Qualified health plan" has the same meaning as provided in  
29 section 38a-1080.

30 (7) "State employee plan" has the same meaning as provided in  
31 section 3-123rrr.

32 (b) (1) There is established within the Insurance Department a health  
33 benefit review program for the review and evaluation of [any] a  
34 mandated health benefit that [is requested] receives a public hearing by  
35 [the] a joint standing committee of the General Assembly. [having  
36 cognizance of matters relating to insurance.] Such program shall be  
37 funded by the Insurance Fund established under section 38a-52a. The  
38 commissioner shall be authorized to make assessments in a manner  
39 consistent with the provisions of chapter 698 for the costs of carrying  
40 out the requirements of this section. Such assessments shall be in  
41 addition to any other taxes, fees and moneys otherwise payable to the  
42 state. The commissioner shall deposit all payments made under this

43 section with the State Treasurer. The moneys deposited shall be credited  
44 to the Insurance Fund and shall be accounted for as expenses recovered  
45 from insurance companies. Such moneys shall be expended by the  
46 commissioner to carry out the provisions of this section and section 2 of  
47 public act 09-179.

48 (2) The commissioner [shall] may contract with The University of  
49 Connecticut Center for Public Health and Health Policy or an actuarial  
50 accounting firm to conduct any mandated health benefit review  
51 [requested] required pursuant to subsection [(c)] (d) of this section. The  
52 director of said center may engage the services of an actuary, quality  
53 improvement clearinghouse, health policy research organization or any  
54 other independent expert, and may engage or consult with any dean,  
55 faculty or other personnel said director deems appropriate within The  
56 University of Connecticut schools and colleges, including, but not  
57 limited to, The University of Connecticut (A) School of Business, (B)  
58 School of Dental Medicine, (C) School of Law, (D) School of Medicine,  
59 and (E) School of Pharmacy.

60 [(c) Not later than August first of each year, the joint standing  
61 committee of the General Assembly having cognizance of matters  
62 relating to insurance shall submit to the commissioner a list of any  
63 mandated health benefits for which said committee is requesting a  
64 review. Not later than January first of the succeeding year, the  
65 commissioner shall submit a report, in accordance with section 11-4a, of  
66 the findings of such review and the information set forth in subsection  
67 (d) of this section.

68 (d) The review report shall include at least the following, to the extent  
69 information is available:

70 (1) The social impact of mandating the benefit, including:]

71 (c) Not later than the last joint favorable deadline of the joint standing  
72 committees of the General Assembly, as established by the joint rules of  
73 the Senate and House of Representatives, the chairs and ranking  
74 members of the joint standing committee of the General Assembly

75 having cognizance of matters relating to insurance shall review each  
76 mandated health benefit that received a public hearing during the  
77 current regular session. Upon the request of not less than one chair and  
78 one ranking member of the joint standing committee of the General  
79 Assembly having cognizance of matters relating to insurance, such joint  
80 standing committee shall submit to the commissioner and the executive  
81 director a list that includes each requested mandated health benefit to  
82 be reviewed by the commissioner and the executive director pursuant  
83 to subsection (d) of this section.

84 (d) Not later than February 1, 2026, and annually thereafter, the  
85 commissioner, in consultation with the executive director, shall submit  
86 a mandated health benefit review report, in accordance with the  
87 provisions of section 11-4a, to the joint standing committee of the  
88 General Assembly having cognizance of matters relating to insurance.  
89 Such report shall provide an assessment of each mandated health  
90 benefit included in the list provided pursuant to subsection (c) of this  
91 section. Such report shall include an evaluation of the quality and cost  
92 impacts of mandating each such health benefit, including:

93 [(A)] (1) The extent to which the treatment, service or equipment,  
94 supplies or drugs, as applicable, is utilized by a significant portion of  
95 the population;

96 [(B)] (2) The extent to which the treatment, service or equipment,  
97 supplies or drugs, as applicable, is currently available to the population,  
98 including, but not limited to, coverage under Medicare, or through  
99 public programs administered by charities, public schools, the  
100 Department of Public Health, municipal health departments or health  
101 districts or the Department of Social Services;

102 [(C)] (3) The extent to which insurance coverage is already available  
103 for the treatment, service or equipment, supplies or drugs, as applicable;

104 [(D) If the coverage is not generally available, the extent to which  
105 such lack of coverage results in persons being unable to obtain necessary  
106 health care treatment;

107 (E) If the coverage is not generally available, the extent to which such  
108 lack of coverage results in unreasonable financial hardships on those  
109 persons needing treatment;

110 (F) The level of public demand and the level of demand from  
111 providers for the treatment, service or equipment, supplies or drugs, as  
112 applicable;

113 (G) The level of public demand and the level of demand from  
114 providers for insurance coverage for the treatment, service or  
115 equipment, supplies or drugs, as applicable;

116 (H) The likelihood of achieving the objectives of meeting a consumer  
117 need as evidenced by the experience of other states;

118 (I) The relevant findings of state agencies or other appropriate public  
119 organizations relating to the social impact of the mandated health  
120 benefit;

121 (J) The alternatives to meeting the identified need, including, but not  
122 limited to, other treatments, methods or procedures;

123 (K) Whether the benefit is a medical or a broader social need and  
124 whether it is consistent with the role of health insurance and the concept  
125 of managed care;

126 (L) The potential social implications of the coverage with respect to  
127 the direct or specific creation of a comparable mandated benefit for  
128 similar diseases, illnesses or conditions;

129 (M) The impact of the benefit on the availability of other benefits  
130 currently offered;

131 (N) The impact of the benefit as it relates to employers shifting to self-  
132 insured plans and the extent to which the benefit is currently being  
133 offered by employers with self-insured plans;]

134 [(O)] (4) The impact of making the mandated health benefit

135 applicable to the state employee [health insurance or health benefits]  
136 plan; [and]

137 [(P)] (5) The extent to which credible scientific evidence published in  
138 peer-reviewed medical literature generally recognized by the relevant  
139 medical community determines the treatment, service or equipment,  
140 supplies or drugs, as applicable, to be safe and effective; [and

141 (2) The financial impact of mandating the benefit, including:]

142 [(A)] (6) The extent to which the mandated health benefit may  
143 increase or decrease the cost of the treatment, service or equipment,  
144 supplies or drugs, as applicable, over the next five years;

145 [(B)] (7) The extent to which the mandated health benefit may  
146 increase the appropriate or inappropriate use of the treatment, service  
147 or equipment, supplies or drugs, as applicable, over the next five years;

148 [(C)] (8) The extent to which the mandated health benefit may serve  
149 as an alternative for more expensive or less expensive treatment, service  
150 or equipment, supplies or drugs, as applicable;

151 [(D)] (9) The methods that will be implemented to manage the  
152 utilization and costs of the mandated health benefit;

153 [(E)] (10) The extent to which insurance coverage for the treatment,  
154 service or equipment, supplies or drugs, as applicable, may be  
155 reasonably expected to increase or decrease the insurance premiums  
156 and administrative expenses for policyholders;

157 [(F)] (11) The extent to which the treatment, service or equipment,  
158 supplies or drugs, as applicable, is more or less expensive than an  
159 existing treatment, service or equipment, supplies or drugs, as  
160 applicable, that is determined to be equally safe and effective by credible  
161 scientific evidence published in peer-reviewed medical literature  
162 generally recognized by the relevant medical community;

163 [(G)] (12) The impact of insurance coverage for the treatment, service

164 or equipment, supplies or drugs, as applicable, on the total cost of health  
165 care, including potential benefits or savings to insurers and employers  
166 resulting from prevention or early detection of disease or illness related  
167 to such coverage;

168 [(H)] (13) The impact of the mandated health care benefit on the cost  
169 of health care for small employers, as defined in section 38a-564, and for  
170 employers other than small employers; [and]

171 [(I)] (14) The impact of the mandated health benefit on cost-shifting  
172 between private and public payors of health care coverage and on the  
173 overall cost of the health care delivery system in the state; and

174 (15) The impact of the mandated health benefit on the cost of qualified  
175 health plans offered through the exchange.

176 (e) The joint standing committee of the General Assembly having  
177 cognizance of matters relating to insurance may conduct an  
178 informational public hearing following such committee's receipt of the  
179 mandated health benefit review report submitted by the commissioner,  
180 in consultation with the executive director, pursuant to subsection (d)  
181 of this section. The commissioner and executive director shall attend any  
182 such public hearing and be available for questions from the members of  
183 such committee at such public hearing."

This act shall take effect as follows and shall amend the following sections:		
Sec. 501	October 1, 2024	38a-21