Insurance and Real Estate Committee
JOINT FAVORABLE REPORT

Bill No.: HB-6895
Title: AN ACT CONCERNING HEALTH BENEFIT REVIEW AND REQUIRING HEALTH INSURANCE COVERAGE FOR BIOMARKER TESTING.
Vote Date: 3/11/2025
Vote Action: Joint Favorable Substitute
PH Date: 2/11/2025
File No.:

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SPONSORS OF BILL:

Insurance and Real Estate Committee

REASONS FOR BILL:

This bill seeks to revise the health benefit review program to increase legislative oversight regarding the health mandate review process. Providing the legislature with a report allows them an opportunity to consider both the impact on cost and quality of healthcare.

SUBSTITUTE LANGUAGE:
The substitute language makes modifications to section 1 and adds sections 2-5. The changes to section 1 say that any new mandated health benefit that is passed by the General Assembly on or after January 1, 2026, would terminate four years after its effective date, unless the General Assembly, by a majority vote of both houses, approves the mandated health benefit before the health benefit's termination date (within four years). Such approval must be after the Insurance and Real Estate Committee receives the mandated health benefit review report from the Insurance Commissioner (due within 3 years). Separately, the Insurance and Real Estate Committee may conduct an informational public hearing after receiving the mandated health benefit review report from the commissioner. The substitute language also added sections 2-5, which would require a fiscal note for health benefit mandates that affect the cost of premiums for policies on the exchange, as well as requiring coverage for biomarker testing.

RESPONSE FROM ADMINISTRATION/AGENCY:

None Expressed.

NATURE AND SOURCES OF SUPPORT:

Grace Brangwynne, Public Policy Associate, Connecticut Business & industry Association.
Grace Brangwynne submitted written testimony in support of the bill. She noted how health benefit mandates can drive up costs for consumers and small business owners, and discussed how this bill would improve the quality of the health benefit review process, ensuring that mandates were only implemented as needed. She specifically highlighted the portion of the bill that requires the Insurance Commissioner as well as the Commissioner of health strategy to submit an annual report on mandated health benefits to the Insurance Committee, and the portion of the bill that would require the Insurance Committee to conduct an information public hearing regarding the report, as they would give the legislature more information and create a more transparent and thorough process for reviewing health mandates. Ms. Brangwynne suggested that the bill be amended to require that health benefit mandates receive a cost-benefit analysis before it is reported out of a committee.

Susan Halpin, Executive Director, CT Association of Health Plans
Susan Halpin submitted written testimony in support of the bill. She discussed how affordability is increasingly an issue, and how new health benefit mandates can increase costs. She noted that the Affordable Care Act requires that states to defray the costs of any health benefit mandates they add by compensating insurance carriers or enrollees on the exchange for the increased cost of these mandates. She also wrote about how health benefit mandates raise costs for the fully insured marked as well as the self-insured market.
Ms. Halpin concluded her testimony by recommending that the bill be amended to "…require fiscal notes for the fully-insured marked using Exchange Plans as the basis for Analysis"

Christine Cappiello, Government Relations, Anthem Blue Cross and Blue Shield
Christine Cappiello submitted testimony in support of the bill. She discussed the advantages of a more frequent and thorough analysis of health benefit mandates including being able to evaluate these mandates based on new technologies that arise, being able to evaluate the cost of these mandates and decide where it is most beneficial to allocate resources and promoting transparency and accountability.

ConnectiCare, Inc. and Molina Healthcare, Inc.
ConnectiCare, Inc. and Molina Healthcare, Inc. submitted joint written testimony in support of the bill. They write that the bill would allow the Insurance Committee to request a report on the any new mandates regarding cost, effectiveness, and the impact on the existing health insurance market from the Office of Health Strategy and Connecticut Insurance Department. They suggest that the bill would not prevent any new mandate benefits, and that it would have a positive impact on the affordability of healthcare in Connecticut.

JP Wieske, Health Benefits Institute
JP Wieske submitted written testimony in support of the bill. He states that this bill would be an important step in fully understanding the cost of health care benefit mandates on insurance companies. He also suggests that health care benefit mandates can result in fraudulent and unnecessary medical care. He notes that although the costs added by health care benefit mandates can appear small, they are cumulative and increase significantly as new mandates are added. He concludes by writing that the bill would not remove existing health benefit mandates or prevent new mandates, but it would afford insurance companies more time to review new health benefit mandates and their costs while giving the legislature more information about the cost of a proposed health benefit mandate before they adopt it.

Sarah Lynn Geiger, Regional Director of State Affairs, America's Health Insurance Plans
Sarah Lynn Geiger submitted written testimony in support of the bill. She discussed how new health benefit mandates can increase the cost of healthcare, and how the health benefit review process in the bill would create transparency and help legislators make data driven decisions about proposed health benefit mandates. She notes that it would not prevent the legislature from passing new health benefit mandates, and also noted that mandate reviews have been used in other states to help increase the affordability of healthcare.

NATURE AND SOURCES OF OPPOSITION:

Liz Dupont-Diehl, Connecticut Citizen Action Group
Liz Dupont-Diehl submitted testimony in opposition to the bill. She noted health benefit mandates are an important tool to protect consumers, and that although it makes sense to review health benefit mandates, she believes that this bill is an attempt to falsely imply that health benefit mandates are a major driver of the high cost of healthcare.

GENERAL COMMENTS:

Wardell Sanders, President, New Jersey Association of Health Plans
Wardell Sanders submitted written testimony regarding the bill. He wrote about the New Jersey Mandated Health Benefits Advisory Commission (NJ MHBAC) and noted that they are a commission established by New Jersey statue in 20024 to create reports that provide a comprehensive medical and financial impacts of proposed health it mandates in New Jersey. He suggested that although this mechanism review is different than the one proposed in Connecticut, it has the same purpose of providing more information to legislators when making decisions regarding proposed health benefit mandates and therefore might serve as a relevant example of how these review processes can help legislatures make more informed decisions.

Reported by: Lauren Kaiser Krause **Date: 03/27/2025**