



General Assembly

**Amendment**

January Session, 2025

LCO No. 9459



Offered by:

REP. WOOD K., 29<sup>th</sup> Dist.

REP. PAVALOCK-D'AMATO, 77<sup>th</sup> Dist.

To: House Bill No. 7079

File No. 246

Cal. No. 174

**"AN ACT CONCERNING INSURANCE REGULATION IN THE STATE."**

1 Strike everything after the enacting clause and substitute the  
2 following in lieu thereof:

3 "Section 1. Section 2-24 of the general statutes is repealed and the  
4 following is substituted in lieu thereof (*Effective January 1, 2026*):

5 The words "State of Connecticut" shall be printed at the head of each  
6 bill and document printed by order of the General Assembly, or either  
7 house thereof, and on its title page or cover, if any. Before printed,  
8 electronic or photographic copies of an original bill are made, the bill  
9 shall be endorsed with (1) the date of its introduction; (2) its number; (3)  
10 the name of the member or committee introducing it; and (4) the name  
11 of the committee to which it was referred. Copies of bills or resolutions  
12 printed or produced electronically after favorable report by a committee  
13 or reprinted or produced electronically after amendment on the third  
14 reading, i.e., files, shall bear the file number of such bill or resolution,

15 placed conspicuously at the head of the same, which file number shall  
16 be assigned by the Legislative Commissioners' Office in the order  
17 printed or produced, the number and title of the bill, the name of the  
18 committee to which it was referred, the date and nature of the  
19 committee's report, in any case where the bill, if passed, would (A)  
20 require the expenditure of state or municipal funds, [or] (B) affect state  
21 or municipal revenue, or (C) impact the premiums paid by enrollees of  
22 health benefit plans offered through the exchange, as provided in  
23 section 38a-1080, a fiscal note, including an estimate of the cost or of the  
24 revenue impact shall be appended thereto, [and,] in any case where the  
25 bill, if passed, would have a financial impact on electric ratepayers, a  
26 ratepayer impact statement, as described in subsection (b) of section 2-  
27 24a, as amended by this act, and, in any case where the bill, if passed,  
28 would have a financial impact on the premiums paid by enrollees of  
29 health benefit plans offered through the exchange, an enrollee impact  
30 statement, as described in subsection (c) of section 2-24a, as amended by  
31 this act. When a bill or resolution is accompanied with a report of a  
32 committee, other than a recommendation that it ought or ought not to  
33 pass, it shall then have an additional endorsement, as follows:  
34 "Accompanied by special report, No.-". Bills shall be designated in the  
35 calendar of each house by their file numbers, as well as by the titles and  
36 numbers of the bills.

37 Sec. 2. Section 2-24a of the general statutes is repealed and the  
38 following is substituted in lieu thereof (*Effective January 1, 2026*):

39 (a) No bill without a fiscal note appended thereto which, if passed,  
40 would require the expenditure of state or municipal funds or affect state  
41 or municipal revenue in the current fiscal year or any of the next ensuing  
42 five fiscal years shall be acted upon by either house of the General  
43 Assembly unless said requirement of a fiscal note is dispensed with by  
44 a vote of at least two-thirds of such house. Such fiscal note shall clearly  
45 identify the cost and revenue impact to the state and municipalities in  
46 the current fiscal year and in each of the next ensuing five fiscal years.

47 (b) Beginning with the session of the General Assembly commencing

48 on January 9, 2019, no bill without a ratepayer impact statement  
49 appended thereto which, if passed, would have a financial impact on  
50 electric ratepayers, shall be acted upon by either house of the General  
51 Assembly unless said requirement of a ratepayer impact statement is  
52 dispensed with by a vote of at least two-thirds of such house. Such  
53 statement shall (1) be prepared by the Office of Fiscal Analysis; and (2)  
54 provide an assessment as to whether such bill will have a significant  
55 direct financial impact on the cost of electricity to the majority of  
56 Connecticut electric ratepayers.

57 (c) Beginning with the session of the General Assembly commencing  
58 on February 4, 2026, no bill without an enrollee impact statement  
59 appended thereto which, if passed, would have a financial impact on  
60 the premiums paid by enrollees of health benefit plans offered through  
61 the exchange, shall be acted upon by either house of the General  
62 Assembly, unless said requirement of an enrollee impact statement is  
63 dispensed with by a vote of at least two-thirds of such house. Such  
64 statement shall (1) be prepared by the Office of Fiscal Analysis, and (2)  
65 provide an assessment as to whether such bill will have a significant  
66 direct financial impact on the cost of premiums paid by enrollees of  
67 health benefit plans offered through the exchange. Such enrollee impact  
68 statement shall clearly identify the cost and revenue impact to the  
69 premiums paid by enrollees of health benefit plans offered through the  
70 exchange in the current fiscal year and in each of the next ensuing five  
71 fiscal years. For the purposes of this section, "health benefit plan" has  
72 the same meaning as provided in section 38a-591a.

73 Sec. 3. Subsection (a) of section 7-464 of the general statutes is  
74 repealed and the following is substituted in lieu thereof (*Effective October*  
75 *1, 2025*):

76 (a) Any town, city or borough may, through its authorized officials,  
77 provide such form or forms of group life, health and accident and  
78 hospital plan benefits for its employees as it deems advisable. Any town,  
79 city or borough that provides health and accident and hospital plan  
80 benefits for its employees may arrange and procure the same benefits

81 for each active member of a volunteer fire company or department or  
82 volunteer ambulance service or company within such town, city or  
83 borough, provided the member (1) elects coverage under such plan or  
84 plans, (2) pays [one hundred per cent] a percentage of the premium  
85 charged as negotiated between such town, city or borough and such  
86 member and any additional costs for such coverage, and (3) meets the  
87 requirements for active status set forth by said town, city or borough.

88 Sec. 4. Subsection (c) of section 38a-479b of the general statutes is  
89 repealed and the following is substituted in lieu thereof (*Effective January*  
90 *1, 2026*):

91 (c) (1) No contracting health organization shall cancel, deny or  
92 demand the return of full or partial payment for an authorized covered  
93 service due to administrative or eligibility error, more than [eighteen]  
94 fifteen months after the date of the receipt of a clean claim, except if:

95 (A) Such organization has a documented basis to believe that such  
96 claim was submitted fraudulently by such provider;

97 (B) The provider did not bill appropriately for such claim based on  
98 the documentation or evidence of what medical service was actually  
99 provided;

100 (C) Such organization has paid the provider for such claim more than  
101 once;

102 (D) Such organization paid a claim that should have been or was paid  
103 by a federal or state program; or

104 (E) The provider received payment for such claim from a different  
105 insurer, payor or administrator through coordination of benefits or  
106 subrogation, or due to coverage under an automobile insurance or  
107 workers' compensation policy. Such provider shall have one year after  
108 the date of the cancellation, denial or return of full or partial payment to  
109 resubmit an adjusted secondary payor claim with such organization on  
110 a secondary payor basis, regardless of such organization's timely filing

111 requirements.

112 (2) (A) Such organization shall give at least thirty days' advance  
113 notice to a provider by certified mail, return receipt requested, electronic  
114 mail to such electronic mail address designated by such provider or  
115 facsimile of the organization's cancellation, denial or demand for the  
116 return of full or partial payment pursuant to subdivision (1) of this  
117 subsection.

118 (B) If such organization demands the return of full or partial payment  
119 from a provider, the notice required under subparagraph (A) of this  
120 subdivision shall disclose to the provider (i) the amount that is  
121 demanded to be returned, (ii) the claim that is the subject of such  
122 demand, and (iii) the basis on which such return is being demanded.

123 (C) Not later than thirty days after the receipt of the notice required  
124 under subparagraph (A) of this subdivision, a provider may appeal such  
125 cancellation, denial or demand in accordance with the procedures  
126 provided by such organization, which shall include, but not be limited  
127 to, an electronic appeal process. If any such organization fails to notify  
128 the provider of such organization's determination of such appeal not  
129 later than fifteen business days after receipt of such appeal from such  
130 provider, such appeal shall be construed in favor of such provider. Any  
131 demand for the return of full or partial payment shall be stayed during  
132 the pendency of such appeal.

133 (D) If there is no appeal or an appeal is denied, such provider may  
134 resubmit an adjusted claim, if applicable, to such organization, not later  
135 than thirty days after the receipt of the notice required under  
136 subparagraph (A) of this subdivision or the denial of the appeal,  
137 whichever is applicable, except that if a return of payment was  
138 demanded pursuant to subparagraph (C) of subdivision (1) of this  
139 subsection, such claim shall not be resubmitted.

140 (E) A provider shall have one year after the date of the written notice  
141 set forth in subparagraph (A) of this subdivision to identify any other

142 appropriate insurance coverage applicable on the date of service and to  
143 file a claim with such insurer, health care center or other issuing entity,  
144 regardless of such insurer's, health care center's or other issuing entity's  
145 timely filing requirements.

146 Sec. 5. (*Effective from passage*) (a) Not later than July 1, 2025, the  
147 chairpersons of the joint standing committee of the General Assembly  
148 having cognizance of matters relating to insurance, or their designees,  
149 shall convene a working group to study and make recommendations for  
150 legislation to design and implement a process for individuals and small  
151 businesses to directly enroll in qualified health plans offered through  
152 the Connecticut Health Insurance Exchange. The working group shall  
153 consider (1) applicable privacy and security laws, (2) appropriate  
154 enrollee disclosure requirements, including, but not limited to,  
155 qualifying financial assistance resources for individuals and small  
156 businesses enrolled in such qualified health plans, including tax credits,  
157 reduced out-of-pocket costs and any potential income tax implications  
158 for individuals and small businesses enrolled in such qualified health  
159 plans, (3) necessary federal compliance measures, (4) accessibility  
160 measures to ensure the exchange has access to enrollment and eligibility  
161 information for purposes of oversight and compliance with federal and  
162 state reporting requirements, and (5) measures to provide individuals  
163 and small businesses enrolled in such qualified health plans with  
164 assistance from certified enrollment experts.

165 (b) The working group convened pursuant to subsection (a) of this  
166 section shall consist of the following members:

167 (1) The chairpersons of the joint standing committee of the General  
168 Assembly having cognizance of matters relating to insurance, or their  
169 designees;

170 (2) The ranking members of the joint standing committee of the  
171 General Assembly having cognizance of matters relating to insurance,  
172 or their designees;

173 (3) One representative of the Connecticut Health Insurance  
174 Exchange;

175 (4) The chairperson of the board of directors of the Connecticut  
176 Health Insurance Exchange, or the chairperson's designee;

177 (5) The chief executive officer of the Connecticut Health Insurance  
178 Exchange, or the chief executive officer's designee;

179 (6) The Insurance Commissioner, or the commissioner's designee;

180 (7) The Commissioner of Social Services, or the commissioner's  
181 designee;

182 (8) One representative of the office of the Governor;

183 (9) The Secretary of the Office of Policy and Management, or the  
184 secretary's designee; and

185 (10) One representative of each health carrier that offers qualified  
186 health plans through the exchange.

187 (c) All initial appointments to the working group shall be made not  
188 later than thirty days after the effective date of this section. Any vacancy  
189 shall be filled by the appointing authority.

190 (d) Working group members shall be appointed by the chairpersons  
191 of the joint standing committee of the General Assembly having  
192 cognizance of matters relating to insurance. The administrative staff of  
193 the joint standing committee of the General Assembly having  
194 cognizance of matters relating to insurance shall serve as administrative  
195 staff of the working group.

196 (e) Not later than February 1, 2026, the working group shall submit a  
197 report on its findings and legislative recommendations to the joint  
198 standing committee of General Assembly having cognizance of matters  
199 relating to insurance, in accordance with the provisions of section 11-4a  
200 of the general statutes. The working group shall terminate on the date

201 the working group submits such report or February 1, 2026, whichever  
202 is later.

203 Sec. 6. (NEW) (*Effective July 1, 2025*) (a) For the purposes of this  
204 section:

205 (1) "Hospital" means a facility licensed as a hospital pursuant to  
206 chapter 368v of the general statutes;

207 (2) "Health carrier" has the same meaning as provided in section 38a-  
208 591a of the general statutes; and

209 (3) "Health care cost growth benchmark" means the annual  
210 benchmark established pursuant to section 19a-754g of the general  
211 statutes.

212 (b) For each contract entered into, renewed, amended or continued  
213 on or after July 1, 2025, between a health carrier and a hospital, if such  
214 hospital is requesting an increase in reimbursement rate, such hospital  
215 shall notify such health carrier of such request and file such request with  
216 the Insurance Department not later than thirty days after such hospital  
217 provides notice of such request to such health carrier. Such filing shall  
218 identify the requested percentage increase in reimbursement rate.

219 (c) Each filing submitted to the Insurance Department pursuant to  
220 subsection (b) of this section shall (1) identify whether the requested  
221 percentage increase aligns with or deviates from the health care cost  
222 growth benchmark, and (2) include all applicable data relied upon by  
223 the hospital in calculating whether such requested percentage increase  
224 aligns with or deviates from the health care cost growth benchmark.

225 (d) Not later than five business days after the submission of each such  
226 filing pursuant to subsection (b) of this section, the Insurance  
227 Commissioner shall publish each such filing on the Insurance  
228 Commissioner's Internet web site.

229 (e) Not later than thirty days after the execution of a final negotiated

230 reimbursement contract between a hospital and a health carrier, such  
231 hospital shall file with the Insurance Department the final contracted  
232 reimbursement rate and a summary of the payment terms pursuant to  
233 the reimbursement contract.

234 Sec. 7. (NEW) (*Effective from passage*) (a) Not later than July 1, 2025,  
235 the chairpersons of the joint standing committee of the General  
236 Assembly having cognizance of matters relating to insurance, or their  
237 designees, shall convene a working group to study and make  
238 recommendations for legislation related to lowering the insurance  
239 premiums tax pursuant to chapter 207 of the general statutes and any  
240 positive economic impact that the lowering of the insurance premiums  
241 tax may have on this state.

242 (b) The working group convened pursuant to subsection (a) of this  
243 section shall consist of the following members:

244 (1) The chairpersons of the joint standing committee of the General  
245 Assembly having cognizance of matters relating to insurance, or their  
246 designees;

247 (2) The ranking members of the joint standing committee of the  
248 General Assembly having cognizance of matters relating to insurance,  
249 or their designees;

250 (3) The Secretary of the Office of Policy and Management, or the  
251 secretary's designee;

252 (4) The Commissioner of Revenue Services, or the commissioner's  
253 designee;

254 (5) The Commissioner of Economic and Community Development,  
255 or the commissioner's designee;

256 (6) One representative of the office of the Governor;

257 (7) One representative of an association of health plans;

258 (8) One representative of an insurance association in this state; and

259 (9) One representative of businesses in this state.

260 (c) All initial appointments to the working group shall be made not  
 261 later than thirty days after the effective date of this section. Any vacancy  
 262 shall be filled by the appointing authority.

263 (d) Working group members shall be appointed by the chairpersons  
 264 of the joint standing committee of the General Assembly having  
 265 cognizance of matters relating to insurance. The administrative staff of  
 266 the joint standing committee of the General Assembly having  
 267 cognizance of matters relating to insurance shall serve as administrative  
 268 staff of the working group.

269 (e) Not later than February 1, 2026, the working group shall submit a  
 270 report on its findings and legislative recommendations to the joint  
 271 standing committee of General Assembly having cognizance of matters  
 272 relating to insurance, in accordance with the provisions of section 11-4a  
 273 of the general statutes. The working group shall terminate on the date  
 274 the working group submits such report or February 1, 2026, whichever  
 275 is later."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2026</i>	2-24
Sec. 2	<i>January 1, 2026</i>	2-24a
Sec. 3	<i>October 1, 2025</i>	7-464(a)
Sec. 4	<i>January 1, 2026</i>	38a-479b(c)
Sec. 5	<i>from passage</i>	New section
Sec. 6	<i>July 1, 2025</i>	New section
Sec. 7	<i>from passage</i>	New section