



Senate

General Assembly

File No. 178

January Session, 2025

Substitute Senate Bill No. 1220

Senate, March 24, 2025

The Committee on Labor and Public Employees reported through SEN. KUSHNER of the 24th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING HEALTH BENEFITS FOR STATE MARSHALS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsections (a) to (l), inclusive, of section 5-259 of the
2 general statutes are repealed and the following is substituted in lieu
3 thereof (*Effective October 1, 2025*):

4 (a) The Comptroller, with the approval of the Attorney General and
5 of the Insurance Commissioner, shall arrange and procure a group
6 hospitalization and medical and surgical insurance plan or plans for (1)
7 state employees, (2) members of the General Assembly who elect
8 coverage under such plan or plans, (3) participants in an alternate
9 retirement program who meet the service requirements of section 5-162
10 or subsection (a) of section 5-166, (4) anyone receiving benefits under
11 section 5-144 or from any state-sponsored retirement system, except the
12 teachers' retirement system and the municipal employees retirement
13 system, (5) judges of probate and Probate Court employees, (6) the
14 surviving spouse, and any dependent children of a state police officer, a

15 member of an organized local police department, a firefighter or a
16 constable who performs criminal law enforcement duties who dies
17 before, on or after June 26, 2003, as the result of injuries received while
18 acting within the scope of such officer's or firefighter's or constable's
19 employment and not as the result of illness or natural causes, and whose
20 surviving spouse and dependent children are not otherwise eligible for
21 a group hospitalization and medical and surgical insurance plan.
22 Coverage for a dependent child pursuant to this subdivision shall
23 terminate no earlier than the end of the calendar year during whichever
24 of the following occurs first, the date on which the child: Becomes
25 covered under a group health plan through the dependent's own
26 employment; or attains the age of twenty-six, (7) employees of the
27 Capital Region Development Authority established by section 32-601,
28 [and] (8) the surviving spouse and dependent children of any employee
29 of a municipality who dies on or after October 1, 2000, as the result of
30 injuries received while acting within the scope of such employee's
31 employment and not as the result of illness or natural causes, and whose
32 surviving spouse and dependent children are not otherwise eligible for
33 a group hospitalization and medical and surgical insurance plan, and
34 (9) state marshals. For purposes of [this] subdivision (8) of this
35 subsection, "employee" means any regular employee or elective officer
36 receiving pay from a municipality, "municipality" means any town, city,
37 borough, school district, taxing district, fire district, district department
38 of health, probate district, housing authority, regional workforce
39 development board established under section 31-3k, flood commission
40 or authority established by special act or regional council of
41 governments. For purposes of subdivision (6) of this subsection,
42 "firefighter" means any person who is regularly employed and paid by
43 any municipality for the purpose of performing firefighting duties for a
44 municipality on average of not less than thirty-five hours per week. The
45 minimum benefits to be provided by such plan or plans shall be
46 substantially equal in value to the benefits that each such employee or
47 member of the General Assembly could secure in such plan or plans on
48 an individual basis on the preceding first day of July. The state shall pay
49 for each such employee and each member of the General Assembly

50 covered by such plan or plans the portion of the premium charged for
51 such member's or employee's individual coverage and seventy per cent
52 of the additional cost of the form of coverage and such amount shall be
53 credited to the total premiums owed by such employee or member of
54 the General Assembly for the form of such member's or employee's
55 coverage under such plan or plans. On and after January 1, 1989, the
56 state shall pay for anyone receiving benefits from any such state-
57 sponsored retirement system one hundred per cent of the portion of the
58 premium charged for such member's or employee's individual coverage
59 and one hundred per cent of any additional cost for the form of
60 coverage. The balance of any premiums payable by an individual
61 employee or by a member of the General Assembly for the form of
62 coverage shall be deducted from the payroll by the State Comptroller.
63 The total premiums payable shall be remitted by the Comptroller to the
64 insurance company or companies or nonprofit organization or
65 organizations providing the coverage. The amount of the state's
66 contribution per employee for a health maintenance organization option
67 shall be equal, in terms of dollars and cents, to the largest amount of the
68 contribution per employee paid for any other option that is available to
69 all eligible state employees included in the health benefits plan, but shall
70 not be required to exceed the amount of the health maintenance
71 organization premium.

72 (b) The insurance coverage procured under subsection (a) of this
73 section for active state employees, employees of the Connecticut
74 Institute for Municipal Studies, anyone receiving benefits from any such
75 state-sponsored retirement system, [and] members of the General
76 Assembly and state marshals, who are over sixty-five years of age, may
77 be modified to reflect benefits available to such employees or members
78 pursuant to Social Security and medical benefits programs administered
79 by the federal government, provided any payments required to secure
80 such benefits administered by the federal government shall be paid by
81 the Comptroller either directly to the employee or members or to the
82 agency of the federal government authorized to collect such payments.

83 (c) On October 1, 1972, the Comptroller shall continue to afford

84 payroll deduction services for employees participating in existing
85 authorized plans covering state employees until such time as the
86 employee elects in writing to be covered by the plan authorized by
87 subsection (a) of this section.

88 (d) Notwithstanding the provisions of subsection (a) of this section,
89 the state shall pay for a member of any such state-sponsored retirement
90 system, or a participant in an alternate retirement program who meets
91 the service requirements of section 5-162 or subsection (a) of section 5-
92 166, and who begins receiving benefits from such system or program on
93 or after November 1, 1989, eighty per cent of the portion of the premium
94 charged for his individual coverage and eighty per cent of any
95 additional cost for his form of coverage. Upon the death of any such
96 member, any surviving spouse of such member who begins receiving
97 benefits from such system shall be eligible for coverage under this
98 section and the state shall pay for any such spouse eighty per cent of the
99 portion of the premium charged for his individual coverage and eighty
100 per cent of any additional cost for his form of coverage.

101 (e) Notwithstanding the provisions of subsection (a) of this section,
102 vending stand operators eligible for membership in the state employees
103 retirement system pursuant to section 5-175a shall be eligible for
104 coverage under the group hospitalization and medical and surgical
105 insurance plans procured under this section, provided the cost for such
106 operators' insurance coverage shall be paid by the Department of Aging
107 and Disability Services from vending machine income pursuant to
108 section 17a-818.

109 (f) The Comptroller, with the approval of the Attorney General and
110 of the Insurance Commissioner, shall arrange and procure a group
111 hospitalization and medical and surgical insurance plan or plans for any
112 person who adopts a child from the state foster care system, any person
113 who has been a foster parent for the Department of Children and
114 Families for six months or more, and any dependent of such adoptive
115 parent or foster parent who elects coverage under such plan or plans.
116 The Comptroller may also arrange for inclusion of such person and any

117 such dependent in an existing group hospitalization and medical and
118 surgical insurance plan offered by the state. Any adoptive parent or
119 foster parent and any dependent who elects coverage shall pay one
120 hundred per cent of the premium charged for such coverage directly to
121 the insurer, provided such adoptive parent or foster parent and all such
122 dependents shall be included in such group hospitalization and medical
123 and surgical insurance plan. A person and his dependents electing
124 coverage pursuant to this subsection shall be eligible for such coverage
125 until no longer an adoptive parent or a foster parent. An adoptive parent
126 shall be eligible for such coverage until the coverage anniversary date
127 on or after whichever of the following occurs first, the date on which the
128 child: Becomes covered under a group health plan through the
129 dependent's own employment; or attains the age of twenty-six. As used
130 in this section "dependent" means a spouse or natural or adopted child
131 if such child is wholly or partially dependent for support upon the
132 adoptive parent or foster parent.

133 (g) Notwithstanding the provisions of subsection (a) of this section,
134 the Probate Court Administration Fund established in accordance with
135 section 45a-82, shall pay for each probate judge and each probate court
136 employee not more than one hundred per cent of the portion of the
137 premium charged for the judge's or employee's individual coverage and
138 not more than seventy per cent of any additional cost for the judge's or
139 employee's form of coverage. The remainder of the premium for such
140 coverage shall be paid by the probate judge or probate court employee
141 to the State Treasurer. Payment shall be credited by the State Treasurer
142 to the fund established by section 45a-82. The total premiums payable
143 shall be remitted by the Probate Court Administrator directly to the
144 insurance company or companies or nonprofit organization or
145 organizations providing the coverage. The Probate Court Administrator
146 shall issue regulations governing group hospitalization and medical
147 and surgical insurance pursuant to subsection (b) of section 45a-77.

148 (h) For the purpose of subsection (g) of this section, "probate judge"
149 or "judge" means a duly elected probate judge who works in such
150 judge's capacity as a probate judge at least twenty hours per week, on

151 average, on a quarterly basis and certifies to that fact on forms provided
152 by and filed with the Probate Court Administrator, on or before the
153 fifteenth day of April, July, October and January, for the preceding
154 calendar quarter; and "probate court employee" or "employee" means a
155 person employed by a probate court for at least twenty hours per week.

156 (i) The Comptroller may provide for coverage of employees of
157 municipalities, nonprofit corporations, community action agencies and
158 small employers and individuals eligible for a health coverage tax
159 credit, retired members or members of an association for personal care
160 assistants under the plan or plans procured under subsection (a) of this
161 section, provided: (1) Participation by each municipality, nonprofit
162 corporation, community action agency, small employer, eligible
163 individual, retired member or association for personal care assistants
164 shall be on a voluntary basis; (2) where an employee organization
165 represents employees of a municipality, nonprofit corporation,
166 community action agency or small employer, participation in a plan or
167 plans to be procured under subsection (a) of this section shall be by
168 mutual agreement of the municipality, nonprofit corporation,
169 community action agency or small employer and the employee
170 organization only and neither party may submit the issue of
171 participation to binding arbitration except by mutual agreement if such
172 binding arbitration is available; (3) no group of employees shall be
173 refused entry into the plan by reason of past or future health care costs
174 or claim experience; (4) rates paid by the state for its employees under
175 subsection (a) of this section are not adversely affected by this
176 subsection; (5) administrative costs to the plan or plans provided under
177 this subsection shall not be paid by the state; (6) participation in the plan
178 or plans in an amount determined by the state shall be for the duration
179 of the period of the plan or plans, or for such other period as mutually
180 agreed by the municipality, nonprofit corporation, community action
181 agency, small employer, retired member or association for personal care
182 assistants and the Comptroller; and (7) nothing in this section or section
183 12-202a, 38a-551 or 38a-556 shall be construed as requiring a
184 participating insurer or health care center to issue individual policies to
185 individuals eligible for a health coverage tax credit. The coverage

186 provided under this section may be referred to as the "Municipal
187 Employee Health Insurance Plan". The Comptroller may arrange and
188 procure for the employees and eligible individuals under this subsection
189 health benefit plans that vary from the plan or plans procured under
190 subsection (a) of this section. Notwithstanding any provision of part V
191 of chapter 700c, the coverage provided under this subsection may be
192 offered on either a fully underwritten or risk-pooled basis at the
193 discretion of the Comptroller. For the purposes of this subsection, (A)
194 "municipality" means any town, city, borough, school district, taxing
195 district, fire district, district department of health, probate district,
196 housing authority, regional workforce development board established
197 under section 31-3k, regional emergency telecommunications center,
198 tourism district established under section 32-302, flood commission or
199 authority established by special act, regional council of governments,
200 transit district formed under chapter 103a, or the Children's Center
201 established by number 571 of the public acts of 1969; (B) "nonprofit
202 corporation" means (i) a nonprofit corporation organized under 26 USC
203 501 that has a contract with the state or receives a portion of its funding
204 from a municipality, the state or the federal government, or (ii) an
205 organization that is tax exempt pursuant to 26 USC 501(c)(5); (C)
206 "community action agency" means a community action agency, as
207 defined in section 17b-885; (D) "small employer" means a small
208 employer, as defined in section 38a-564; (E) "eligible individuals" or
209 "individuals eligible for a health coverage tax credit" means individuals
210 who are eligible for the credit for health insurance costs under Section
211 35 of the Internal Revenue Code of 1986, or any subsequent
212 corresponding internal revenue code of the United States, as from time
213 to time amended, in accordance with the Pension Benefit Guaranty
214 Corporation; (F) "association for personal care assistants" means an
215 organization composed of personal care attendants who are employed
216 by recipients of service (i) under the home-care program for the elderly
217 under section 17b-342, (ii) under the personal care assistance program
218 under section 17b-605a, (iii) in an independent living center pursuant to
219 sections 17a-792 to 17a-794, inclusive, or (iv) under the program for
220 individuals with acquired brain injury as described in section 17b-260a;

221 and (G) "retired members" means individuals eligible for a retirement
222 benefit from the Connecticut municipal employees' retirement system.

223 (j) (1) Notwithstanding any provision of law to the contrary, the
224 existing rights and obligations of state employee organizations and the
225 state employer under current law and contract shall not be impaired by
226 the provisions of this section. (2) Other conditions of entry for any group
227 into the plan or plans procured under subsection (a) of this section shall
228 be determined by the Comptroller upon the recommendation of a
229 coalition committee established pursuant to subsection (f) of section 5-
230 278, except for such conditions referenced in subsection (g) of this
231 section. (3) Additional determinations by the Comptroller on (A) issues
232 generated by any group's actual or contemplated participation in the
233 plan or plans, (B) modifications to the terms and conditions of any
234 group's continued participation, (C) related matters shall be made upon
235 the recommendation of such committee. (4) Notwithstanding any
236 provision of law to the contrary, a municipal employer and an employee
237 organization may upon mutual agreement reopen a collective
238 bargaining agreement for the exclusive purpose of negotiating on the
239 participation by such municipal employer or employee organization in
240 the plan or plans offered under the provisions of this section.

241 (k) The Comptroller shall submit annually to the General Assembly a
242 review of the coverage of employees of municipalities, nonprofit
243 corporations, community action agencies, small employers under
244 subsection (i) of this section and eligible individuals under subsection
245 (i) of this section beginning February 1, 2004.

246 (l) (1) Effective July 1, 1996, any deputies or special deputies
247 appointed pursuant to section 6-37 of the general statutes, revision of
248 1958, revised to 1999, or section 6-43, shall be allowed to participate in
249 the plan or plans procured by the Comptroller pursuant to subsection
250 (a) of this section. Such participation shall be voluntary and the
251 participant shall pay the full cost of the coverage under such plan.

252 (2) (A) Effective [December 1, 2000] October 1, 2025, any state marshal
253 who works as a state marshal for fewer than twenty hours per week, on

254 average, shall be allowed to participate in the plan or plans procured by
255 the Comptroller pursuant to subsection (a) of this section. Such
256 participation shall be voluntary and the participant shall pay the full
257 cost of the coverage under such plan.

258 (B) Effective October 1, 2025, any state marshal who (i) works as a
259 state marshal at least twenty hours per week, on average, on a quarterly
260 basis, (ii) is actively engaged in either (I) service of process under a
261 waiver of fees issued pursuant to section 52-259b, (II) service of process
262 of orders of protection issued pursuant to section 46b-15 or 46b-16a, or
263 (III) service of capias mittimus orders issued by a family support
264 magistrate pursuant to section 46b-231, (iii) certifies to those facts in
265 clauses (i) and (ii) of this subparagraph on forms provided by and filed
266 with the State Marshal Commission on or before the fifteenth day of
267 April, July, October and January for the preceding calendar quarter, and
268 (iv) does not have access to coverage under a health benefit plan that is
269 available (I) through the employer of such state marshal's spouse and
270 has an actuarial value that is equivalent to the actuarial value of the plan
271 or plans procured by the Comptroller pursuant to subsection (a) of this
272 section, or (II) through the municipal employees' retirement system
273 established by part II of chapter 113 shall be allowed to participate in
274 the plan or plans procured by the Comptroller pursuant to subsection
275 (a) of this section. Such participation shall be voluntary and the
276 participant shall pay the same amount for the coverage under such plan
277 under the same terms and conditions as active state employees in
278 accordance with the provisions of the State Employees Bargaining
279 Agent Coalition agreement.

280 (3) Effective December 1, 2000, any judicial marshal shall be allowed
281 to participate in the plan or plans procured by the Comptroller pursuant
282 to subsection (a) of this section. Such participation shall be voluntary
283 and the participant shall pay the full cost of the coverage under such
284 plan unless and until the judicial marshals participate in the plan or
285 plans procured by the Comptroller under this section through collective
286 bargaining negotiations pursuant to subsection (f) of section 5-278.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	October 1, 2025	5-259(a) to (l)
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Statement of Legislative Commissioners:

Subsec. (l)(2)(A) and (B) were rewritten for clarity and accuracy.

LAB *Joint Favorable Subst. -LCO*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 26 \$	FY 27 \$
State Comptroller - Fringe Benefits ¹	GF - Cost	1,484,000	2,587,000
Department of Administrative Services	GF - Cost	35,000	35,000

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill allows qualifying state marshals to participate in the state employee health insurance plan which results in a cost of approximately \$1.5 million for the partial year coverage in FY 26 and \$2.6 million annually thereafter beginning in FY 27 to the State Comptroller – Fringe Benefits for the state’s share of medical premiums. These estimates utilize a rate of approximately \$25,400 per annum for medical and prescription drug premiums and are subject to health plan rates and the number of participating state marshals.

The bill additionally results in a cost of approximately \$35,000 per year beginning in FY 26 to the Department of Administrative Services (DAS) to develop, provide, and process the forms to be filed with the State Marshal Commission required to establish a State Marshal’s participation and eligibility in the program.

¹The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 40.71% of payroll in FY 26.

The Out Years

The number of state marshals is expected to grow in the out years, which would further increase the state's share of medical premiums dependent on eligibility and medical insurance rates.

Sources: State Marshal Commission Healthcare Study, 2023

OLR Bill Analysis**sSB 1220****AN ACT CONCERNING HEALTH BENEFITS FOR STATE MARSHALS.****SUMMARY**

This bill allows certain state marshals to participate in the state employee health insurance plan, under the same terms and conditions, and paying the same amount, as active state employees under the State Employees Bargaining Agent Coalition (SEBAC) agreement. To be eligible, they must:

1. work as a state marshal at least 20 hours per week, on average, on a quarterly basis;
2. be actively engaged in serving (a) process for indigent parties who have the cost of serving process waived in civil or criminal matters; (b) protection orders for victims of domestic violence, sexual abuse, sexual assault, or stalking; or (c) capias mittimus orders (civil arrest warrants) issued by a family support magistrate;
3. certify the above facts for the preceding calendar quarter on forms provided by and filed with the State Marshal Commission by the 15th day of each April, July, October, and January; and
4. not have access to (a) actuarially equivalent health insurance coverage through their spouse or (b) health insurance through the Connecticut Municipal Employees Retirement System.

Current law allows state marshals to join the state employee health insurance plan regardless of how many hours per week they work; however, they must pay the full cost of the coverage. Under the bill, state marshals who work less than 20 hours per week on average continue to

have this option.

The bill also makes technical and conforming changes (e.g., allowing the health insurance provided to state marshals over age 65 to be modified in the same ways current law allows for active and retired state employees over that age).

EFFECTIVE DATE: October 1, 2025

COMMITTEE ACTION

Labor and Public Employees Committee

Joint Favorable

Yea 13 Nay 0 (03/06/2025)