



# Senate

General Assembly

**File No. 870**

January Session, 2025

Senate Bill No. 1526

*Senate, May 12, 2025*

The Committee on Appropriations reported through SEN. OSTEN of the 19th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

## **AN ACT CONCERNING HEALTH INSURANCE 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2 general statutes are repealed and the following is substituted in lieu  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 July 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, as provided in subdivision (2) of subsection (1) of this  
35 section. For purposes of [this] subdivision (8) of this subsection,  
36 "employee" means any regular employee or elective officer receiving  
37 pay from a municipality, "municipality" means any town, city, borough,  
38 school district, taxing district, fire district, district department of health,  
39 probate district, housing authority, regional workforce development  
40 board established under section 31-3k, flood commission or authority  
41 established by special act or regional council of governments. For  
42 purposes of subdivision (6) of this subsection, "firefighter" means any  
43 person who is regularly employed and paid by any municipality for the  
44 purpose of performing firefighting duties for a municipality on average  
45 of not less than thirty-five hours per week. The minimum benefits to be  
46 provided by such plan or plans shall be substantially equal in value to  
47 the benefits that each such employee or member of the General  
48 Assembly could secure in such plan or plans on an individual basis on  
49 the preceding first day of July. The state shall pay for each such

50 employee and each member of the General Assembly covered by such  
51 plan or plans the portion of the premium charged for such member's or  
52 employee's individual coverage and seventy per cent of the additional  
53 cost of the form of coverage and such amount shall be credited to the  
54 total premiums owed by such employee or member of the General  
55 Assembly for the form of such member's or employee's coverage under  
56 such plan or plans. On and after January 1, 1989, the state shall pay for  
57 anyone receiving benefits from any such state-sponsored retirement  
58 system one hundred per cent of the portion of the premium charged for  
59 such member's or employee's individual coverage and one hundred per  
60 cent of any additional cost for the form of coverage. The balance of any  
61 premiums payable by an individual employee or by a member of the  
62 General Assembly for the form of coverage shall be deducted from the  
63 payroll by the State Comptroller. The total premiums payable shall be  
64 remitted by the Comptroller to the insurance company or companies or  
65 nonprofit organization or organizations providing the coverage. The  
66 amount of the state's contribution per employee for a health  
67 maintenance organization option shall be equal, in terms of dollars and  
68 cents, to the largest amount of the contribution per employee paid for  
69 any other option that is available to all eligible state employees included  
70 in the health benefits plan, but shall not be required to exceed the  
71 amount of the health maintenance 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, who are over sixty-five years of age, may be modified to  
77 reflect benefits available to such employees or members pursuant to  
78 Social Security and medical benefits programs administered by the  
79 federal government, provided any payments required to secure such  
80 benefits administered by the federal government shall be paid by the  
81 Comptroller either directly to the employee or members or to the agency  
82 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 person who  
253 works as a state marshal less than twenty hours per week, on average,



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

258 (B) Effective October 1, 2025, any person who works as a state  
 259 marshal at least twenty hours per week, on average, on a quarterly basis  
 260 and certifies to that fact on forms provided by and filed with the State  
 261 Marshal Commission on or before the fifteenth day of April, July,  
 262 October and January, for the preceding calendar quarter, shall be  
 263 allowed to participate in the plan or plans procured by the Comptroller  
 264 pursuant to subsection (a) of this section. Such participation shall be  
 265 voluntary and the participant shall pay the same amount for coverage  
 266 under such plan under the same terms and conditions as employees in  
 267 the classified service covered under a prevailing collective bargaining  
 268 agreement negotiated in accordance with subdivision (1) of subsection  
 269 (f) of section 5-278.

270 (3) Effective December 1, 2000, any judicial marshal shall be allowed  
 271 to participate in the plan or plans procured by the Comptroller pursuant  
 272 to subsection (a) of this section. Such participation shall be voluntary  
 273 and the participant shall pay the full cost of the coverage under such  
 274 plan unless and until the judicial marshals participate in the plan or  
 275 plans procured by the Comptroller under this section through collective  
 276 bargaining negotiations pursuant to subsection (f) of section 5-278.

This act shall take effect as follows and shall amend the following sections:

Section 1	July 1, 2025	5-259(a) to (l)
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**APP**      *Joint Favorable*

*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:**

<b>Agency Affected</b>	<b>Fund-Effect</b>	<b>FY 26 \$</b>	<b>FY 27 \$</b>
State Comptroller - Fringe Benefits	GF - Cost	1,484,000	2,587,000
Department of Administrative Services	GF - Cost	25,000	25,000

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 \$25,000 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.

### **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*

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**OFA Bill Analysis****SB 1526****AN ACT CONCERNING HEALTH INSURANCE BENEFITS FOR STATE MARSHALS.****SUMMARY:**

The 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.

Beginning October 1, 2025, state marshals must work at least 20 hours per week, on average, on a quarterly basis to be eligible. The hours for the preceding calendar quarter will be certified through forms processed by the State Marshal Commission on or before the 15<sup>th</sup> of April, July, October, and January.

EFFECTIVE DATE: July 1, 2025

**BACKGROUND**

Under current law, state marshals are allowed to purchase coverage under the state employee health plan for the full premium cost regardless of how many hours they work. Under the bill, state marshals who work less than 20 hours per week on average continue to have this option.

**COMMITTEE ACTION**

Appropriations Committee

Joint Favorable

Yea 45      Nay 9