

## OFFICE OF FISCAL ANALYSIS

Legislative Office Building, Room 5200  
Hartford, CT 06106 ◇ (860) 240-0200  
<http://www.cga.ct.gov/ofa>

sHB-7213

### AN ACT CONCERNING ACCESS TO REPRODUCTIVE HEALTH CARE.

As Amended by House "A" (LCO 7525)

House Calendar No.: 428

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#### ***OFA Fiscal Note***

##### ***State Impact:***

Agency Affected	Fund-Effect	FY 26 \$	FY 27 \$
State Comptroller - Fringe Benefits	App Fund - Potential Cost	Minimal	Minimal
Resources of the General Fund	GF - Potential Cost	Minimal	Minimal
Social Services, Dept.	GF - Potential Cost	See Below	See Below

Note: App Fund=All Appropriated Funds; GF=General Fund

##### ***Municipal Impact:***

Municipalities	Effect	FY 26 \$	FY 27 \$
Various Municipalities	Potential Cost	Minimal	Minimal

##### ***Explanation***

The bill codifies the medical standard of care for services, examination, or treatment related to pregnancy and pregnancy prevention without the consent or notification of a minor's parents or guardian. This may result in a potential cost to the state and municipalities to the extent utilization increases under the state employee health plan (SEHP), state partnership plan (SPP), and fully insured municipal plans.

Currently, minors, those under 18, may already consent to certain medical treatments and services. The bill is expanding minors' access to

Primary Analyst: NN  
Contributing Analyst(s): NB, LD, ES, JS  
Reviewer: JS

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contraceptives, prenatal care, and appropriate care and pain management during labor and delivery without parental or guardian consent.

To the extent that the bill's requirements are determined to be a new health benefit mandate and result in higher premiums, there may be a minimal cost to the state associated with defrayal of additional premium costs for enrollees purchasing health insurance on the state's exchange. Under the Affordable Care Act, states are allowed to mandate benefits beyond the essential health benefits but must pay for that excess coverage. Defrayal costs for Covered Connecticut enrollees may be incurred by the Department of Social Services (DSS), to the extent the bill raises premiums for those enrollees.

The bill also removes financial responsibility for parents or guardians who were not informed of the services incurred by the minor. It is not clear at this time who would bear the liability. There is a potential cost to the SEHP, SPP, and fully insured municipalities if the carrier must cover all services with no cost sharing.

House "A" alters the original bill by removing the provisions repealing the Department of Public Health's regulations on abortion and abortion clinics. This does not result in a fiscal impact.

### ***The Out Years***

The annualized ongoing fiscal impact identified above would continue into the future subject to premium rates and utilization.