

Insurance and Real Estate Committee JOINT FAVORABLE REPORT

Bill No.: SB-10

Title: AN ACT CONCERNING HEALTH INSURANCE AND PATIENT PROTECTION.

Vote Date: 3/13/2025

Vote Action: Joint Favorable Substitute

PH Date: 3/6/2025

File No.: 419

Disclaimer: *The following JOINT FAVORABLE Report is prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose.*

SPONSORS OF BILL:

Insurance and Real Estate Committee

REASONS FOR BILL:

This bill aims to address numerous issues regarding health insurance and consumer protection:

Sections 1-4 of the bill are designed to increase accountability and transparency between health carriers, consumers, and the insurance commissioner to increase mental health parity compliance and enforcement.

Sections 5 and 6 involve utilization reviews of medically necessary treatments and aim to increase the probability that insurance carriers will cover a consumer's medical treatments. This would help negate medical costs for consumers in the state of Connecticut.

Sections 7 and 8 limit the pharmaceutical practice of step therapy, the process that requires patients to try less expensive drugs before higher-cost drugs, to help streamline medical treatments for patients who may need access to higher costing medications for their illnesses.

Section 10 prohibits insurers from using a stop loss policy for a self-funded employee benefit plan unless it covers essential health benefits and states mandated requirements. This is to ensure that coverage options reach a minimum standard of quality and coverage so employees across the state have access to good health care.

Sections 11-17 revise the current statutes involving the rate review process for health insurance policies and prohibits rates from being "unaffordable." This is an attempt to continue to ensure that rates remain affordable to increase accessibility for consumers.

Sections 18 and 19 prohibit insurers from imposing time limits on reimbursements for general anesthesia. This is to protect consumers who need anesthesia for important medical treatments and ensure the expense is adequately covered.

SUBSTITUTE LANGUAGE:

Section 10 was struck from the bill, as some legislators felt that the section would increase burdens and premium costs on employers across the state.

RESPONSE FROM ADMINISTRATION/AGENCY:

[Kathleen Holt, Healthcare Advocate, Office of the Health Care Advocate](#)

Kathleen Holt submitted written testimony in support of the bill. She expressed support for sections 1-4 which would work to further mental health parity and noted that OHA has received consumer complaints regarding mental health parity violations. The testimony also expressed staunch support for sections 5-6, and for moving the burden of proof onto insurance companies to prove that treatment is not medically necessary. It suggests that this would protect consumers and help them to receive the care in a timely manner. The testimony noted approval of regulating stop loss policies to disincentivize self-insured plans that do not include certain mandate, as well as including affordability as a metric in the rate review process.

[Sean Scanlon, State Comptroller](#)

Sean Scanlon submitted written testimony regarding the bill. He discussed the importance of mental health parity, and insuring that people receive appropriate mental health care in a timely manner by enforcing existing mental health parity laws and increasing accountability for insurers. He also expressed support for explicitly prohibiting insurers from putting time limits on anesthesia.

[Daniel O'Keefe, Commissioner, Department of Economic and Community Development](#)

Daniel O'Keefe submitted written testimony discussing the bill. He specifically suggested striking lines 224 through 228 of the bill and discussed his belief that the way that this bill regulates AI could stand in the way of technical invocation.

[Jim Carson, Legislative Program Manager, Insurance Department](#)

Jim Carson submitted written testimony commenting on the bill and specifically the provisions that would add affordability as a criterion in the rate review process. The testimony notes that "While the Department appreciates the intention of SB 10's affordability provisions, this concept overlaps with the Governor's Bill, SB 1253, An Act Concerning Insurance Rate Premium Requests. We believe the Governor's Bill is better structured to achieve the goal of considering affordability within the Insurance Department's actuarial rate review process."

[Diedre Gifford, Commissioner, Office of Health Strategy](#)

Diedre Gifford submitted written testimony regarding the bill. The testimony discussed the importance of increasing the affordability of healthcare in Connecticut. It expressed support for Section 9 of the bill and noted that it would help to minimize price variation. The testimony also commented on Sections 11-17 of the bill and the provisions that would add affordability

as factor in determining rate increases. It notes that the Office of Health Strategy supports these provisions and suggested that since the Governor's Bill, SB 1253 also addresses affordability, they would like to work towards a consensus approach on how to achieve affordability.

William Tong, Attorney General

William Tong submitted written testimony in support of the bill. He commented on sections 1-4 of the bill and how it is especially important to enforce mental health parity given the severity of the mental health challenges that people are facing. He also discussed how allowing the Insurance Department to disclose which insurance carriers have not complied with reporting requirements would help foster transparency and accountability. The testimony detailed how there have been instances where insurance carriers have deliberately violated mental health parity laws, indicating that strong oversight and enforcement are needed to ensure that companies comply with mental health parity laws.

The testimony further discussed how sections 5, 6, 7, 8, and 10 of the bill would serve to increase consumer protection by creating "... a presumption that care prescribed by a healthcare provider is medically necessary", limiting the use of AI in medical decision making, expanding the restrictions on step therapy and the list of drugs that are exempt from step therapy, and increasing the regulation of self-funded plans and stop loss policies.

The testimony concluded by expressing support for sections 11 through 17 of the bill and the provisions that would amend the rate review process and would allow affordability to be considered as a factor in that process.

NATURE AND SOURCES OF SUPPORT:

Senate Democrats

Senate Democrats submitted written testimony in support of the bill. They began their testimony by discussing the importance of enforcing mental health parity laws and noted that sections 1-4 would allow the Insurance Department to fine insurers who violate mental health parity law.

The testimony explained how the law would amend prior authorization and utilization review and step therapy, noting that this would help reduce the administrative burden on doctors and ensure that patients are receiving appropriate care in a timely manner.

The testimony concludes by discussing the provisions of the bill that would regulate self-funded plans to encourage the coverage of essential benefits and state mandates, and the provisions that would allow the Insurance Department to consider affordability as a criterion in the rate setting process.

Connecticut State Medical Society

The Connecticut State Medical Society submitted written testimony in support of the bill. They expressed support for sections 1-4 of the bill, and specifically the provisions addressing mental health parity compliance. The testimony noted that there is evidence that many insurers are not in compliance with mental health parity requirements, and that patients face significant barriers to accessing appropriate care as a result. It suggested that requiring annual certifications of compliance, instituting substantial penalties for noncompliance, and creating a Parity Advancement Account to support mental health parity compliance would be important steps in ensuring that insurance companies are following mental health parity requirements.

The testimony also expressed staunch support for section 5 of the bill which would impact prior authorization and shift the burden of proof onto the insurance companies to prove that the care prescribed by the provider is not medically necessary, as well as limiting the use of AI in healthcare. It notes that the patient and their provider are the most qualified people to determine what care is necessary, and the provisions in section 5 would help ensure that insurance companies are not creating unnecessary administrative burdens for patients and providers and delaying necessary medical care.

The testimony expressed support for section 7, noting that further limiting step therapy will help prevent delays in patient care that could harm patients, and recognizes the fact that physicians should make patient care decisions.

Finally, the testimony noted support for Sections 18 and 19, which would ensure that insurers could not deny or place limits on their coverage of anesthesia. They discussed Anthem Blue Cross Blue Shield's proposed policy to cap anesthesia based on a pre-determined time limit, and noted how it is important to have laws that clearly state that this is not legal to prevent companies from enacting such policies in the future.

[Sen. Martin M. Looney, President Pro Tempore](#)
[Sen. Bob Duff, Majority Leader](#)

Sen. Looney and Sen. Duff submitted written testimony in support of the bill. The testimony discussed the importance of mental health parity and enhanced enforcement of existing mental health parity laws. It also discussed the provisions of the bill regarding prior authorization and utilization reviews and how they would help patients and providers. The testimony notes that the bill would explicitly ban arbitrary limits on anesthesia, and the importance of further regulating step therapy and the use of AI in medical decision making. The testimony discussed the positive impact of creating site neutral payment policies as well as regulating stop loss policies and self-funded plans. It concluded by talking about the importance of the provisions of the bill that would allow affordability to be considered as part of the rate setting process.

[Dr. Dante Brittis, President, Connecticut Orthopedic Society](#)

Dr. Dante Brittis submitted written testimony in support of the bill. The testimony discussed the important of preventing unnecessary delays and barriers to care, and how many of the provision the bill (specifically the amendments to the prior authorization and step therapy process as well as those that would limit the use of AI in medical care and prevent arbitrary limits on anesthesia) would insure that physicians are at the forefront of deciding what care is necessary for their patients and that patients receive necessary care in a timely manner.

[Christian Damiana, Public Policy Manager, Mental Health Connecticut](#)

Christian Damiana submitted extensive written testimony in support of the bill. They discussed sections 1-4 and the importance of creating new enforcement mechanisms to ensure that insurance companies are complying with mental health parity laws. They discussed the report release by the Office of Health Strategy in September 2024, which indicated that four of the seven insurers in Connecticut "... are meeting federal Department of Labor (DOL) warning signs for parity noncompliance." They also discussed the 2017 Millman report, the findings of which also highlight the disparity between physical healthcare and mental healthcare in Connecticut and noted the link between disparity in payment and legal disparity. The testimony suggested that given these issues Mental Health Parity, there needs to be more oversight to determine if insurance companies are complying with mental health parity laws, and more enforcement mechanisms to ensure compliance.

[Debra Dauphinais](#)

Debra Dauphinais submitted written testimony in support of the bill. She discussed the unaffordability of healthcare in Connecticut and the difficulty that residents have accessing care. She believes that regulations on insurance companies should be put in place to increase transparency and protect residents.

[Paul Desan, Psychiatrist, Yale New Haven Hospital](#)

Paul Desan submitted written testimony in support of the bill. He expressed support for the provisions that would allow for more comprehensive enforcement of mental health parity laws. He also expressed support for shifting the burden of proof to the insurer, as he believes there are many instances where care is denied arbitrarily which compromises patient care and creates a significant administrative burden on the provider as they navigate the appeals process.

[Liz Dupont-Diehl, Associate Director, Connecticut Citizen Action Group](#)

Liz Dupont-Diehl submitted written testimony in support of the bill. She discussed the difficulties individuals face when trying to access healthcare, even when they are insured and how the provisions in S.B. 10 to increase mental health parity, shift the burden of proof onto insurers when denying claims, and allowing the Insurance Department to consider affordability are important steps toward increasing access to healthcare.

[Nina Gero, Resident, Manchester](#)

Nina Gero submitted written testimony in support of the bill. She expressed support for allowing the Department of Insurance to take affordability into account, and the regulations of utilization review programs and step therapy to allow patients to receive the appropriate care as decided upon by their provider.

[Laura Gregory, Resident, Old Saybrook](#)

Laura Gregory submitted written testimony in support of the bill. She discussed her experience of having to receive prior approval every time she receives treatment to stop the progression of her MS to highlight the importance of streamlining the prior authorization process, especially for people with chronic conditions.

[Arlene Dworkin Kaye, Public Policy and Legislative Chair, Connecticut Association for Behavior Analysis](#)

Arlene Dworkin Kaye submitted written testimony in support of the bill. She expressed support for section one of the bill in order to increase access to care for patients and to decrease the administrative burden for providers. She also suggested amending the bill to include language related to ABA services (see linked testimony for specific recommendations). She also suggested that the law that provides ABA coverage for autism spectrum disorder should be expanded to cover "... evidence-based diagnosis and treatment of early childhood developmental disorders."

[Kally Moquete, Senior Manager of Policy and Advocacy, Health Equity Solution](#)

Kally Moquete submitted written testimony in support of the bill. She discussed the importance of the provisions in the bill that would strengthen mental health parity, increase the affordability of insurance, and regulate the use of AI in making medical determinations. She discussed the inequities that exist in healthcare for both low-income communities and

communities of color and how this bill would help these communities receive more affordable and timely access to health care services.

[Kristen Pendergrass, Vice President of State Policy, Shatterproof](#)

Kristen Pendergrass submitted written testimony in support of the bill, and specifically the sections that address mental health parity. She discussed how important it is for those with substance use disorders to receive timely mental health treatment and how enforcing mental health parity would help them receive that care.

[Bernadette Perez, Resident, Guilford](#)

Bernadette Perez submitted written testimony in support of the bill. She wrote about her experience with MS and the impact of being delayed in receiving the treatment recommended to her by her doctor because of insurance denials. She noted the importance of putting the burden of proof on insurers to show that treatment is not necessary and limiting step therapy, especially for those with chronic and disabling illnesses.

[Paul Pescatello, Chair, We Work for Health Connecticut](#)

Paul Pescatello submitted written testimony in support of the bill, and specifically Section 7, which would lower the time that step therapy could be conducted for from 30 days to 20. He discussed the negative impact that step therapy can have on patients. He also noted that step therapy is becoming increasingly obsolete as medicine becomes more personalized and doctors choose specific treatments based on extensive testing to determine which treatments would be most effective for the specific patient.

[You Sung Sang, Physician](#)

You Sung Sang submitted written testimony in support of the bill. The testimony discussed the importance of shifting the burden of proof to the insurers when it comes to prior authorization. They note that there is often straightforward evidence about what drugs will be most effective for a patient, and when a patient is delayed in receiving that drug it wastes time and resources while harming the patient. The testimony also expressed support for prohibiting the use of AI in making adverse determinations.

[Gretchen Shugarts, Commission Analyst, Commission on Racial Equity in Public Health](#)

Gretchen Shugarts submitted written testimony in support of the bill. She discussed the inequities created by self-funded plans and stop loss policies and the importance of the further regulations self-funded plans and stop loss policies that this bill would implement. The testimony also expressed support for sections 1, 5, 7, 16, and 17. It concluded by making several recommendations for how the bill could be improved, including incorporating the claw back language from H.B. 7039 and limiting the size of employers who can use stop loss policies for their self-funded plans.

[Steven Thornquist, Physician, CT Society of Eye Physicians](#)

Steven Thornquist submitted testimony in support of the bill. The testimony expressed support for more robust enforcement of mental health parity laws, limiting step therapy, regulating the use of AI in medical decision making, placing time limits on anesthesia, and putting the burden of proof onto insurers to prove that medical care is not mentally necessary. It discussed the importance of creating a favorable environment for physicians in the state so that they will choose to practice here.

[Dawn Holcombe, Executive Director, Connecticut Oncology Association](#)

Dawn Holcombe submitted extensive written testimony regarding the bill. She expressed support for the provisions that would ensure that medical necessity is defined by providers but suggested that changes be made so that prescribed medications are specifically included as health care services. She also expressed support for the provisions regarding regulations of adverse determinations, and suggested changes to the language. She also suggested that further changes be made to Section and 7 of the bill to clarify and strengthen them. She concludes by expressing support for section 9 of the bill.

[Laura Hoch, AVP State Advocacy and Policy, National Multiple Sclerosis Society](#)

Laura Hoch submitted written testimony in support of the bill. She discussed how specific provisions of the bill would help those living with Multiple Sclerosis (MS). She suggested that MS often has a significant impact on people's mental health, and that those suffering with MS have high rates of depression and anxiety. She believes that improving the enforcement of mental health parity laws would have a positive impact on people with MS seeking to receive mental health care. She also discussed how the provisions further regulating step therapy and shifting the burden of proof from providers to insurers is especially important for those with MS and chronic, disabling conditions. She concluded by expressing support for the further regulation of stop loss policies and self-funded plans.

73 people submitted similar written testimony in support of the provisions of the bill that would provide for further enforcement of Mental Health Parity.

They note the difficulties that mental health care providers face due to a lack of parity, and the vital role that Mental Health Parity plays in making mental and behavioral healthcare affordable and accessible to people who are not able to seek out-of-network care. They also note that the Office of Health Strategy has found that many of the major insurers in Connecticut show warning signs of parity noncompliance, and that there are other indications that insurance companies have not been compliant with Mental Health Parity laws. They suggest that the enforcement mechanisms proposed in S.B. 10 would be a key step in ensuring that insurance companies are in compliance with Mental Health Parity Laws. The testimony discusses the importance of providing access to mental healthcare, and the negative consequences that a lack of access to mental healthcare (caused in part by the lack of mental health parity) can have on people's health, communities, and the state economy. Their testimonies can be found [here](#).

NATURE AND SOURCES OF OPPOSITION:

[Katie D'Agostino, President & CEO, Central Connecticut Chambers of Commerce](#)

Katie D'Agostino submitted testimony in opposition to section 10 of SB 10. She believes that the increased attachment points for large and small employers can increase the cost of self-funded medical plans by anywhere from 20% to 70%. Additionally, she believes that it will force employers to choose to pay the excess expenses, return to the fully insured market, or not provide coverage at all.

[Kathleen Aiken, Insurance Broker, MW Group Benefits Inc.](#)

Kathleen Aiken submitted testimony in opposition to lines 477-493 of SB 10. She states that the changes would make it difficult for providers to offer level-funded health care plans,

disproportionately impacting small businesses. She asks that the legislature removes these provisions.

[Flagship Networks Inc.](#)

[Nori Veiga, Operations Manager, Dermatopathology Lab of NE](#)

Flagship Networks and Nori Veiga submitted written testimony in opposition to SB 10. They believe that higher attachment points would lead to residents of all legislative districts losing their current health care coverage. They also state that they are unaware of any concerns about self-funded plans with stop loss insurance.

[Gustavo Avalos, Owner, International Soccer & Rugby Imports](#)

Gustavo Avalos submitted testimony in opposition to SB 10. He believes that the bill would make it more difficult for businesses to offer quality health insurance to their employees. Their main concern is with the bill's proposal to raise the attachment point for stop loss insurance, stating that it will directly increase costs.

[Grace Brangwynne, Public Policy Associate, CBIA](#)

Grace Brangwynne submitted testimony opposing SB 10, specifically sections 5, 6, 10, and 16. She states that section 5 and 6 assume that all claims will be deemed medically necessary, and that to prove otherwise, both providers and the utilization review company need to prove that the services are not medically necessary by using data not yet available to them.

[Robin Chasse, Financial Controller, All-Points Technology Corporation](#)

[Robert Bray, Managing Member, House of Fins](#)

These individuals submitted similar testimony in opposition to the proposed bill. He states that the proposed changes in the bill will cost his company and employees a significant increase in their premiums, making the company less competitive regarding their offered benefits.

[Christopher Janczyk, Director of Group Benefits, The Roland Dumont Agency, Inc.](#)

[Joseph Bucci, Principal, Blueprint Benefit Advisors LLC](#)

[Peter Kovalevich, Insurance Broker, Corporate Insurance Solutions, LLC](#)

[Rhonda Laferriere, Benefits Consultant and Insurance Broker, Gerardi Insurance Hilb Group](#)

[Matthew Libby, Managing Partner, MDG Benefit Solutions](#)

[Jeffrey J. Mora, President & CEO, Fairfield North Financial Network](#)

[Walter Murphy, iBenefitsHR](#)

[Kimberly Quigley, Employee Benefits Consultant, USI Insurance Services](#)

[Eric Quinn, Hilb Group of New England](#)

[Todd Rein, Insurance Broker, Hartford Financial Associates](#)

[Alan Sheketoff, Managing Director](#)

[Darren Walsh, Principal, Power & Walsh Insurance Advisors](#)

These individuals submitted similar testimonies opposing SB 10. Their testimony outlines his general concerns with the legislation. First, they believe that the bill's provisions that increase the minimum attachment point would make finding affordable stop loss coverage difficult for employees. Additionally, they believe the bill removes the ability to adjust structure plans for different small businesses, as each has individual budgets and flexibility. Finally, they state

the bill will force small businesses into the self-insured marketplace, which they believe will prove costly.

[Vincent Capece, President and CEO, Middlesex Health](#)

Vincent Capece submitted testimony in opposition to section 9 of the bill, while simultaneously supporting the bill's improvements regarding insurance practices. He believes section 9 would have a detrimental impact on patients in disproportionately impacted communities and in Connecticut hospitals. He states that the requirement for providers and insurers to use equal reimbursement rates for all healthcare providers, as well as reimburse providers for outpatient services will produce negative consequences for hospitals and health systems' ability to provide continuous care to patients around the state. Instead, Capece claims that hospitals need a stable reimbursement for their uniquely challenging environment.

[Charles Cavanagh, Vice President, Metallizing Service Company](#)

Charles Cavanagh testified in opposition to section 10 in SB 10. He believes that increasing attachment points will negatively impact his company's benefit affordability, hiring, and competitiveness in the manufacturing industry.

[Julie Chubet, Legislative Co-Chair and Broker, NABIP CT](#)

Julie Chubet testified in opposition to SB 10. She states that while she appreciates the intent, the legislation does not address the rising costs of premiums for small and large companies in the state. She believes both the state and federal government and private insurance businesses have regulations/programs that help address expensive costs for consumers. She additionally noted her opposition to site neutrality, claiming the language will raise prices instead of lowering them. Her final and largest concern is about self-funded plans and stop loss insurance, which she believes will decrease smaller companies' ability to remain competitive with larger companies.

[Caroline Daria, Student and Administrative Assistant](#)

Caroline Daria, a social work student at SCSU, wrote testimony in opposition to certain measures of the bill. While she appreciates the effort to protect health care consumers, she does not agree with the bill's provisions to alter stop-loss insurance. She believes that it could rid of the incentive for businesses to provide health care to their employees.

[Brian DaSilva, Owner, DaSilva Dental](#)

Brian DaSilva opposes section 10 of SB 10. He believes that the increase of attachment points will increase financial burdens on small businesses such as his.

[Sheryl Decilio, Regional CFO & Senior VP Finance and Revenue, Eastern Connecticut Health Network](#)

Sheryl Decilio, on behalf of the Eastern Connecticut Health Network, submitted testimony in opposition to section 9 requiring site-neutral payment policies. They believe that this measure will burden underserved communities and Connecticut hospitals. Additionally, they state that it will undermine outpatient departments, which will disproportionately impact lower-income patients.

[Scott Dolch, President and CEO, Connecticut Restaurant Association](#)

Scott Dolch submitted testimony on behalf of the Connecticut Restaurant Association in opposition to the proposed bill. He notes that a significant percentage of full-service

restaurants are independently owned and have trouble keeping up with rising operational costs. Due to this, they oppose SB 10 and note that their small business restaurants rely on level-funded insurance to remain cost effective and competitive.

[Mike Ferguson, President & CEO, Self-Insurance Institute of America, Inc.](#)

Mike Ferguson submitted testimony in opposition to section 10 of SB 10. He specifically notes his opposition to two aspects of the section: (1) there is unreasonable and arbitrary regulation of stop-loss insurance, and (2) ERISA preemption.

[Ryan Friedman, Managing Director, Risk Strategies](#)

Ryan Friedman submitted testimony in opposition to the bill. As an insurance broker, he often collaborates with small companies who have difficulty finding affordable insurance for their employees. He states that SB 10 would bar entry into the small group space for stop-loss insurance carriers, and with fewer carriers comes less competition and thus higher prices. Instead, Friedman believes that the state should be looking to expand choices for small businesses.

[Sarah Lynn Geiger, Regional Director of State Affairs, AHIP](#)

Sarah Lynn Geiger submitted testimony opposing SB 10 on behalf of AHIP. AHIP provided oppositional comments regarding:

- Prohibiting the use of AI to make decisions regarding medical necessity.
- The presumption of medical necessity when ordered by a health care professional
- Reporting requirements regarding mental health and substance use disorder benefit law and civil penalties for noncompliance.
- ERISA preemption

[Brooks Goodison, President, Diversified Group Brokerage, Inc.](#)

Brooks Goodison opposes section 10 in SB 10. He outlines three issues with the bill. First, he believes that the bill will confuse and mislead employers into self-funding insurance. Second, he states that the assumption that self-funded employers provide inadequate benefits is incorrect. Finally, raising aggregate levels increases the costs and constrains small businesses.

[Sam Hellemeier, Senior Director of State Affairs, Pharmaceutical Care Management Association](#)

Sam Hellemeier testified in opposition to SB 10 on behalf of the Pharmaceutical Care Management Association. They believe that SB 10 would remove pharmacy benefit management (PBM) tools, such as prior authorization and step therapy, which are used to help ensure safe and appropriate prescriptions for patients. They believe that the ridding of these PBM tools will increase drug expenditures by 4.6% over the next decade. PCMA states that this will increase costs for consumers.

[Susan Halpin, Executive Director, CT Association of Health Plans](#)

Susan Halpin submitted extensive testimony in opposition to multiple sections of SB 10. She begins by stating her opposition to sections 1-4. She states that the reporting requirements for mental health parity is unnecessary, as the Connecticut Insurance Department already has sufficient authority to enforce compliance. She then lists the enforcement mechanisms in her written testimony. Next, she notes her opposition to section 5 involving artificial

intelligence. She believes that AI has been beneficial to the healthcare system, and that any regulation should be made throughout multiple bills rather than in SB 10. Next, she states her opposition to sections 5-8. She believes the provisions in these sections will prevent appropriate care from being delivered to consumers, as carriers do not have the ability to prove medical necessity without medical record access and thus cannot provide a meaningful utilization review. She additionally believes that the prohibitions on step therapy will drive up drug prices for consumers. Next, Susan noted that section 9's language could result in increased rates for facilities, driving up prices for consumers. She also opposes section 10 as she believes that the increased attachment points will prove detrimental to small employers. In sections 11-17, Susan states that there could be unintended drawbacks. She believes that while the idea is admirable, establishing an affordability factor in rate reviews does not address the base cause of increasing healthcare costs, and the provisions can lead to reduced competition, less flexibility, and insurer insolvency. Finally, Susan opposes sections 18-19, as she believes that preventing insurers from creating limits on reimbursements for anesthesia can lead to increased premium costs for consumers.

[Paul Lambert, Managing Director, Paul-Hilb Group](#)
[Eric LaVorgna, President, Precision Insurance LLC](#)
[Dean Sterling, President, Stirling Benefits LLC](#)

These individuals opposed SB 10 for three primary reasons. The first is their belief that SB 10 would facilitate regulatory instability by raising attachment points for stop-loss policies. Second, they state that the bill could lead to a reduction in coverage flexibility for employers, specifically smaller employers. Finally, they believe that the bill restricting the stop-loss market could increase consumer and employer costs.

[Theresa Lumas, Director of Finance & Administration, Amity Regional School District No. 5](#)

Theresa Lumas submitted testimony in opposition to the bill as she believes it will have a negative impact on self-funded towns and school districts. She states that the changes to self-funded plans with stop-loss coverage will drive up healthcare costs for municipalities and school districts, while simultaneously increasing general costs for consumers. Additionally, Theresa believes that the bill would impact pharmaceutical spending, therefore leading to more expensive costs for consumers filling prescriptions. Finally, she believes that the bill will increase the amount of high-cost procedures conducted, which will also inflate the overall cost of healthcare.

[Tim Phelan, President, Connecticut Retail Network](#)

Tim Phelan wrote in opposition to the bill and expressed multiple concerns with SB 10. He notes his belief that the bill restricts options for small and medium-sized employers regarding the purchase of group health insurance.

[Marisa Rodriguez, Director of Administrative Services, Town of Stonington](#)

Marisa Rodriguez submitted written opposition to SB 10 for three primary reasons. First, she believes that mandating self-funded plans adhere to ACA health benefits would remove employer flexibility and raise premium rates for the town of Stonington. Second, she states that restricting stop-loss policies would harm small employers and their employee's premium rates. Finally, she states that mandating reimbursement for doctor-ordered procedures deemed "medically necessary" will inflate the costs and strain on the health care system.

[Dominic Schioppo, Partner, Integrity Benefit Partners LLC](#)

Dominic Schioppo, as a small business owner, opposes SB 10. He believes that the bill's provisions would both increase premium costs and constrict small business' healthcare option flexibility.

[Anne Space, CEO, YHB Investment Advisors, Inc.](#)

Anne Space wrote in opposition to section 10 of SB 10. She believes the bill would make stop-loss coverage more expensive, limit employer health care flexibility and choice, and increase overall costs for employers and consumers. Additionally, she states that decisions regarding business benefit plans should be left to employers.

[Anonymous](#)

This individual opposes this bill as they believe it will impose a financial burden on employers. Additionally, they state it will impact the commercial, labor, and municipal markets. Finally, they note that they see no reason for a stop loss statutory mandate.

[Connecticut Children's Health System](#)

[Dan Keenan, Vice President of Government Relations, Trinity of Health of NE](#)

[Melissa Riley, Hartford Health Care](#)

While these individuals and organizations support sections 1-8 and 18-19, they noted their opposition to section 9 of SB 10. In their written testimony, they state their belief that the section would be burdensome for health systems across the state. They state that the "site-neutral" payment policies will prove obstructive to hospitals and health system's ability to provide care.

[Connecticut Hospital Association](#)

[Rowena Bergmans, Chief Value Officer, Nuvance Health](#)

[Ann Hogan, Senior Government Relations Officer, Yale New Haven Health](#)

[Kathleen Silard, President & CEO, Stamford Health](#)

These individuals and organizations submitted written testimony in opposition to section 9. They note that section 9 could have unintended consequences for both underserved communities in the state and hospital system's ability to provide continuous healthcare to its patients. They believe the section would increase economic strain on hospital's abilities to serve as a safety net for vulnerable populations, respond to disasters, and cover costs of direct patient care revenue.

[Eric George, President, IAC](#)

[Jill Rickard, Regional Vice President, ACLI](#)

Eric George and Jill Rickard, on behalf of the Insurance Association of Connecticut and the American Council of Life Insurers submitted oppositional comments to section 10 of SB 10. They believe that stop loss insurance is an essential risk mitigation tool for small employers to self-insure. Additionally, they state that the Insurance Department currently regulates stop loss insurance, and so it does not make sense to further restrict it.

GENERAL COMMENTS:

[Keith Passwater, Chief Executive Officer, Havarti Risk](#)

Keith Passwater provided written comments about four specific provisions of the bill. The first is in section 5, where he states that current utilization review processes are necessary to combat over-treatment and mistreatment. The second comment is about section 7, where he

believes that limiting step therapy will increase pharmacy costs for consumers. The third comment regards section 16, where he notes that the language may require the commissioner to reject rates prepared in accordance with the standards of the American Academy of Actuaries. Finally, he notes his opposition to section 10 as it will increase both the cost of insurance for employers and the risk of noncoverage for employees.

120 individuals provided general opposition to SB 10, as they believe it would have an impact on the affordability of healthcare for small businesses. Their individual testimonies can be found [here](#).

**Reported by: Michael Flynn
Lauren Kaiser Krause**

Date: 4/10/2025