General Assembly

Raised Bill No. 7039

January Session, 2025

LCO No. **5024**

Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

AN ACT CONCERNING HEALTH INSURANCE.

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

Section 1. (NEW) (*Effective October 1, 2025*) No insurer, health care center, fraternal benefit society, hospital service corporation or medical service corporation or other entity delivering, issuing for delivery, renewing, amending or continuing an individual or group health insurance policy in this state on or after January 1, 2026, providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes, shall retroactively deny or recoup payment of any health insurance claim paid to any health care provider for mental health and substance use disorder benefits (1) after two years from the date of such service, and (2) when such insurer, center, society or corporation fails to provide written notice and an explanation of such retroactive denial or recoupment of payment of such health insurance claim to such health care provider for such service not later than one year from the date of service. For the purposes of this section, "health care provider" has the same meaning as provided in section 38a-477aa of the general statutes and "mental health and substance use disorder benefits" has the same meaning as provided in section 38a-477ee of the general statutes.

Sec. 2. (*Effective from passage*) The Insurance Commissioner shall conduct a study of insurance coverage requirements for telehealth provider practices and health insurance coverage requirements for medical advice, diagnosis, care or treatment provided through telehealth to evaluate methods to ensure that residents of this state who are out of state for the purpose of attending any institution of higher learning receive such coverage for such medical advice, diagnosis, care or treatment provided through telehealth. Not later than February 1, 2026, the Insurance Commissioner shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to insurance on the findings of such study.

Sec. 3. (NEW) (*Effective from passage*) The Insurance Commissioner shall conduct a study of dental provider reimbursement rate practices for dental policies delivered, issued for delivery, renewed, amended or continued in this state for inpatient and outpatient dental services, including, but not limited to, an assessment of such practices in other states that provide dental providers with increased flexibility to negotiate reimbursement rates with health carriers. Not later than February 1, 2026, the Insurance Commissioner shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to insurance on the findings of such study.

Sec. 4. (NEW) (*Effective January 1, 2026*) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2026, shall provide coverage for medical foods for individuals diagnosed with phenylketonuria. For purposes of this section, "phenylketonuria" means an inherited amino acid disorder caused by a change in the phenylalanine hydroxylase gene.

Sec. 5. (NEW) (*Effective January 1, 2026*) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2026, shall provide coverage for medical foods for individuals diagnosed with phenylketonuria. For purposes of this section, "phenylketonuria" means an inherited amino acid disorder caused by a change in the phenylalanine hydroxylase gene.

Sec. 6. (NEW) (*Effective January 1, 2026*) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2026, shall: (1) Provide coverage for (A) motorized wheelchairs, including, but not limited to, used motorized wheelchairs requested by insureds, (B) repairs to motorized wheelchairs, and (C) replacement batteries for motorized wheelchairs; and (2) establish centralized locations for each health carrier providing such coverage pursuant to the provisions of this section to collect such used motorized wheelchairs to be made available to such insureds.

Sec. 7. (NEW) (*Effective January 1, 2026*) Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, renewed, amended or continued in this state on or after January 1, 2026, shall: (1) Provide coverage for (A) motorized wheelchairs, including, but not limited to, used motorized wheelchairs requested by insureds, (B) repairs to motorized wheelchairs, and (C) replacement batteries for motorized wheelchairs; and (2) establish centralized locations for each health carrier providing such coverage pursuant to the provisions of this section to collect such used motorized wheelchairs to be made available to such insureds.

Sec. 8. (NEW) (*Effective October 1, 2025*) No insurer, health care center, fraternal benefit society, hospital service corporation or medical service corporation or other entity delivering, issuing for delivery, renewing, amending or continuing an individual or group health insurance policy in this state on or after January 1, 2026, providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes, shall recover through health insurance premiums charged to policyholders any direct or indirect cost associated with such insurer's, center's, society's, corporation's or other entity's lobbying or legislative action, as such terms are defined in section 1-91 of the general statutes.

Sec. 9. (*Effective from passage*) (a) The Insurance Commissioner, in consultation with the Commissioner of Public Health, the Commissioner of Consumer Protection and the Commission of Pharmacy, shall conduct a study of compensation practices for health care services provided by pharmacists, including, but not limited to, any vaccine administration, HIV-related tests, influenza-related tests and the prescribing of contraceptive devices or products approved by the federal Food and Drug Administration.

(b) Not later than February 1, 2026, the Insurance Commissioner shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to insurance and public health on the findings of such study and any recommendations concerning compensation to pharmacists. For the purposes of this section, (1) "HIV-related test" and "influenza-related test" have the same meanings as provided in section 20-633f of the general statutes, and (2) "pharmacist" has the same meaning as provided in section 20-571 of the general statutes.

Sec. 10. Subdivision (7) of section 38a-591a of the general statutes, as amended by section 32 of public act 24-19, is repealed and the following is substituted in lieu thereof (*Effective January 1, 2026*):

(7) "Clinical peer" means a physician or other health care professional who:

(A) For a review other than one specified under subparagraph (B) or (C) of subdivision (38) of this section, (i) holds a nonrestricted license in a state of the United States, **[**in**]** and (ii) has (I) the same specialty as the treating physician or other health care professional who is managing the medical condition, procedure or treatment under review, or (II) substantial experience and expertise as a treating physician or other health care professional who typically manages the medical condition, procedure or treatment under review, provided only a physician may act as a clinical peer when the health care professional who is managing the medical condition, procedure or treatment under review is a physician; or

(B) For a review specified under subparagraph (B) or (C) of subdivision (38) of this section concerning:

(i) A child or adolescent substance use disorder or a child or adolescent mental disorder, holds (I) a national board certification in child and adolescent psychiatry, or (II) a doctoral level psychology degree with training and clinical experience in the treatment of child and adolescent substance use disorder or child and adolescent mental disorder, as applicable; or

(ii) An adult substance use disorder or an adult mental disorder, holds (I) a national board certification in psychiatry, or (II) a doctoral level psychology degree with training and clinical experience in the treatment of adult substance use disorders or adult mental disorders, as applicable.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*October 1, 2025*	New section
Sec. 2	*from passage*	New section

Sec. 3	*from passage*	New section
Sec. 4	*January 1, 2026*	New section
Sec. 5	*January 1, 2026*	New section
Sec. 6	*January 1, 2026*	New section
Sec. 7	*January 1, 2026*	New section
Sec. 8	*October 1, 2025*	New section
Sec. 9	*from passage*	New section
Sec. 10	*January 1, 2026*	38a-591a(7)

Statement of Purpose:

To: (1) Prohibit health carriers from retroactively denying or recouping payment of health insurance claims paid to health care providers for mental health and substance use disorder benefits after two years from the date of service and when such health carrier fails to provide notice to such health care provider; (2) require that the Insurance Commissioner study insurance coverage requirements for health care services provided through telehealth to evaluate methods to ensure that residents of this state who are out of state for the purpose of attending an institution of higher learning receive such coverage for such services; (3) require that the Insurance Commissioner study dental provider reimbursement rate practices in this state as compared to other states to assess flexibility in reimbursement rate negotiations; (4) require that individual and group health insurance policies provide coverage for medical foods for individuals diagnosed with phenylketonuria; (5) require that individual and group health insurance policies (A) provide coverage for motorized wheelchairs and repairs to and replacement batteries for motorized wheelchairs, and (B) establish centralized locations for the collection of used motorized wheelchairs; (6) prohibit health carriers from recovering through health insurance premiums such health carriers' costs associated with lobbying or legislative action in this state; (7) require the Insurance Commissioner to study certain compensation practices for health care services provided by pharmacists licensed in this state; and (8) revise the definition of "clinical peer" with respect to utilization review of health care services and treatment.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]