



General Assembly

January Session, 2025

***Raised Bill No. 7117***

LCO No. 5512



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:  
(INS)

***AN ACT CONCERNING THE RECOMMENDATIONS OF THE  
INSURANCE FUND WORKING GROUP.***

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

1 Section 1. Subsection (b) of section 19a-7p of the general statutes is  
2 repealed and the following is substituted in lieu thereof (*Effective from*  
3 *passage*):

4 (b) (1) As used in this section: (A) "Health insurance" means health  
5 insurance of the types specified in subdivisions (1), (2), (4), (11) and (12)  
6 of section 38a-469; and (B) "health care center" has the same meaning as  
7 provided in section 38a-175.

8 (2) [Each] (A) Except as provided in subparagraph (B) of this  
9 subdivision, each domestic insurer or domestic health care center doing  
10 health insurance business in this state shall annually pay to the  
11 Insurance Commissioner, for deposit in the Insurance Fund established  
12 under section 38a-52a, a public health fee assessed by the Insurance  
13 Commissioner pursuant to this section.

14 (B) The Insurance Commissioner, commencing July 1, 2025, shall

15 reduce the amount of the public health fee deposited in the Insurance  
16 Fund by one-fifth of the total amount paid each fiscal year with the  
17 remainder of such fee to be deposited in the General Fund, with any  
18 required adjustments to such fee on domestic insurers or domestic  
19 health care centers adjusted by the Insurance Commissioner  
20 accordingly. For each subsequent fiscal year, through July 1, 2029, such  
21 reduction shall be an additional one-fifth increment from the previous  
22 fiscal year. On and after July 1, 2029, the entire amount of the public  
23 health fee shall be deposited in the General Fund.

24 (3) (A) Not later than September first, annually, each such insurer or  
25 health care center shall report to the Insurance Commissioner, in the  
26 form and manner prescribed by the commissioner, the number of  
27 insured or enrolled lives in this state as of May first immediately  
28 preceding the date for which such insurer or health care center is  
29 providing health insurance that provides coverage of the types specified  
30 in subdivisions (1), (2), (4), (11) and (12) of section 38a-469. Such number  
31 shall not include lives enrolled in Medicare, any medical assistance  
32 program administered by the Department of Social Services, workers'  
33 compensation insurance or Medicare Part C plans. The commissioner  
34 may require each such insurer or health care center or any other person  
35 to submit to the commissioner any records that are in such insurer's,  
36 health care center's or other person's possession if such records were  
37 used to prepare such insurer's or health care center's annual report  
38 submitted pursuant to this subparagraph.

39 (B) Each such insurer or health care center that fails to timely submit  
40 an annual report pursuant to subparagraph (A) of this subdivision shall  
41 pay to the Insurance Commissioner, in the form and manner prescribed  
42 by the commissioner, a late filing fee of one hundred dollars per day for  
43 each day from the date that the annual report was due.

44 (C) If the Insurance Commissioner determines that there is a  
45 discrepancy, other than a good faith discrepancy, between the number  
46 of insured or enrolled lives that the insurer or health care center

47 reported to the commissioner pursuant to subparagraph (A) of this  
 48 subdivision and the number of such lives that the insurer or health care  
 49 center should have reported to the commissioner pursuant to said  
 50 subparagraph (A), the insurer or health care center shall be liable for a  
 51 civil penalty of not more than fifteen thousand dollars.

52 Sec. 2. (NEW) (*Effective July 1, 2025*) Notwithstanding the provisions  
 53 of sections 38a-47 and 38a-48 of the general statutes, the Insurance  
 54 Commissioner, in consultation with the Office of Policy and  
 55 Management and the Commissioner of Revenue Services, shall transfer  
 56 payment for the Office of Health Strategy over a five-year period,  
 57 commencing July 1, 2025, from the Insurance Fund to the General Fund,  
 58 with any required adjustments to assessments on domestic insurance  
 59 companies or other domestic entities adjusted by the Insurance  
 60 Commissioner accordingly. Such transfer shall be in increasing one-fifth  
 61 increments over such five-year period.

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

Section 1	<i>from passage</i>	19a-7p(b)
Sec. 2	<i>July 1, 2025</i>	New section

**Statement of Purpose:**

To transfer over a five-year period from the Insurance Fund to the General Fund (1) the public health fee, and (2) payment for the Office of Health Strategy.

*[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.]*