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## OLR Bill Analysis

### HB 7117

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

#### **SUMMARY**

This bill requires the insurance commissioner to transfer, over a five-year period, the public health fee deposits from the Insurance Fund to the General Fund. By law, the insurance commissioner assesses domestic health carriers (i.e. insurers and HMOs) for the public health fee, which pays for various Department of Public Health programs, including syringe services, AIDS services, breast and cervical cancer detection and treatment, x-ray screening and tuberculosis care, sexually transmitted disease control, and children's health initiatives.

Specifically, the bill requires the commissioner, beginning July 1, 2025, until July 1, 2029, to reduce the amount of the public health fee deposited in the Insurance Fund by one fifth of the total amount paid each fiscal year and deposit the remainder in the General Fund. He must make adjustments to the carriers' assessments as needed. Beginning July 1, 2029, he must deposit all public health fees in the General Fund.

Additionally, the bill requires the insurance commissioner to transfer funding for the Office of Health Strategy (OHS) from the Insurance Fund to the General Fund over a five-year period, beginning July 1, 2025, and in one fifth increments. He must (1) do this transfer in consultation with the Office of Policy and Management and the revenue services commissioner and (2) make adjustments to the health carriers' assessments as needed. Currently, insurers are assessed for some, but not all, costs of OHS, with the balance generally paid for from the General Fund.

**EFFECTIVE DATE:** Upon passage, except the provisions transferring funding for OHS to the General Fund are effective July 1, 2025.

**COMMITTEE ACTION**

Insurance and Real Estate Committee

Joint Favorable

Yea 10 Nay 3 (03/11/2025)