



Substitute House Bill No. 5375

Public Act No. 26-47

**AN ACT CONCERNING THE RECOMMENDATIONS OF THE
INSURANCE AND REAL ESTATE COMMITTEE WORKING
GROUPS.**

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

Section 1. (*Effective from passage*) (a) The Insurance Commissioner shall, within available appropriations:

(1) Study the feasibility of (A) allowing more than one nonprofit entity to pool such nonprofit entities' liability insurance policies, (B) establishing a captive insurance company, risk management agency or a program to insure the risk of such pool, and (C) establishing any other insurance program that may address the needs of nonprofit entities that contract with the state.

(2) Develop a proposed plan to establish a captive insurance company, risk management agency or a program to insure the risk of nonprofit entities who pool such liability insurance policies. Such proposed plan shall assess the appropriate structure of such company, agency or program to ensure its financial and operational viability, including, but not limited to, (A) a process for collecting relevant data from nonprofit entities participating in such pool, (B) an actuarial analysis of any risks to be underwritten by such company, agency or

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program, (C) a plan design, and (D) any other factors as deemed appropriate by the commissioner.

(3) Develop a financial analysis of such company, agency or program described in subdivision (2) of this subsection, that includes, but is not limited to, (A) an estimate of the initial investment required to ensure such company, agency or program (i) meets any applicable statutory operating ratios set forth in title 38a of the general statutes, and (ii) is fully operational as a licensed insurer or reinsurer in this state, and (B) estimates of future premium costs for nonprofit entities participating in such pool.

(b) Not later than November 1, 2026, the Insurance Commissioner shall submit a 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, finance, revenue and bonding, appropriations and the budgets of state agencies and human services on the findings of such study, proposed plan and financial analysis, including any recommendations for legislative action required for the establishment of such company, agency or program, and an assessment of any such funding needed for implementation of, and future investment in, any such company, agency or program.

Sec. 2. (NEW) (*Effective January 1, 2028*) (a) As used in this section:

(1) "Health benefit plan" has the same meaning as provided in section 38a-1080 of the general statutes.

(2) "Health carrier" has the same meaning as provided in section 38a-1080 of the general statutes.

(3) "Pharmacist" has the same meaning as provided in section 38a-479aaa of the general statutes.

(4) "Pharmacy benefits manager" has the same meaning as provided

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in section 38a-479aaa of the general statutes.

(5) "Covered clinical service" means any service or procedure that (A) is within the scope of the pharmacist's license under chapter 400j of the general statutes, and (B) is a covered service under the terms of the health benefit plan when performed by any other licensed health care provider.

(b) Each health carrier, or third-party administrator or pharmacy benefits manager, as applicable, that provides, administers or manages benefits under a health benefit plan in this state shall ensure that reimbursement processes and provider networks are inclusive of pharmacists for the purpose of reimbursing covered clinical services.

(c) No health carrier, third-party administrator or pharmacy benefits manager shall deny reimbursement for a clinical service solely on the basis that such clinical service:

(1) Is provided by a pharmacist in accordance with such pharmacist's scope of practice and license pursuant to chapter 400j of the general statutes; and

(2) Would otherwise be eligible for reimbursement if provided by a physician, physician assistant or advanced practice registered nurse.

(d) Nothing in this section shall be construed to:

(1) Require coverage of any service not otherwise covered under the health benefit plan; or

(2) Prevent a health carrier, third-party administrator or pharmacy benefits manager from establishing reasonable participation, credentialing or contracting standards.

(e) The Insurance Commissioner may adopt regulations, in accordance with chapter 54 of the general statutes, to implement the

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provisions of this section.