



General Assembly

January Session, 2025

**Raised Bill No. 7039**

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:

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

18 section 38a-477ee of the general statutes.

19       Sec. 2. (*Effective from passage*) The Insurance Commissioner shall  
20 conduct a study of insurance coverage requirements for telehealth  
21 provider practices and health insurance coverage requirements for  
22 medical advice, diagnosis, care or treatment provided through  
23 telehealth to evaluate methods to ensure that residents of this state who  
24 are out of state for the purpose of attending any institution of higher  
25 learning receive such coverage for such medical advice, diagnosis, care  
26 or treatment provided through telehealth. Not later than February 1,  
27 2026, the Insurance Commissioner shall report, in accordance with the  
28 provisions of section 11-4a of the general statutes, to the joint standing  
29 committee of the General Assembly having cognizance of matters  
30 relating to insurance on the findings of such study.

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

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

50 acid disorder caused by a change in the phenylalanine hydroxylase  
51 gene.

52 Sec. 5. (NEW) (*Effective January 1, 2026*) Each group health insurance  
53 policy providing coverage of the type specified in subdivisions (1), (2),  
54 (4), (11) and (12) of section 38a-469 of the general statutes delivered,  
55 issued for delivery, renewed, amended or continued in this state on or  
56 after January 1, 2026, shall provide coverage for medical foods for  
57 individuals diagnosed with phenylketonuria. For purposes of this  
58 section, "phenylketonuria" means an inherited amino acid disorder  
59 caused by a change in the phenylalanine hydroxylase gene.

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

71 Sec. 7. (NEW) (*Effective January 1, 2026*) Each group health insurance  
72 policy providing coverage of the type specified in subdivisions (1), (2),  
73 (4), (11) and (12) of section 38a-469 of the general statutes delivered,  
74 issued for delivery, renewed, amended or continued in this state on or  
75 after January 1, 2026, shall: (1) Provide coverage for (A) motorized  
76 wheelchairs, including, but not limited to, used motorized wheelchairs  
77 requested by insureds, (B) repairs to motorized wheelchairs, and (C)  
78 replacement batteries for motorized wheelchairs; and (2) establish  
79 centralized locations for each health carrier providing such coverage  
80 pursuant to the provisions of this section to collect such used motorized  
81 wheelchairs to be made available to such insureds.

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

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

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

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

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

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

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

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

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

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

Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>January 1, 2026</i>	New section
Sec. 5	<i>January 1, 2026</i>	New section
Sec. 6	<i>January 1, 2026</i>	New section
Sec. 7	<i>January 1, 2026</i>	New section
Sec. 8	<i>October 1, 2025</i>	New section
Sec. 9	<i>from passage</i>	New section
Sec. 10	<i>January 1, 2026</i>	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.]*