



General Assembly

January Session, 2025

***Raised Bill No. 1420***

LCO No. 4397



Referred to Committee on HUMAN SERVICES

Introduced by:  
(HS)

***AN ACT CONCERNING THE CONNECTICUT PARTNERSHIP FOR LONG-TERM CARE.***

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

1 Section 1. Section 17a-861 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective July 1, 2025*):

3 (a) The Office of Policy and Management shall establish an outreach  
4 program to educate consumers as to: (1) The need for long-term care; (2)  
5 mechanisms for financing such care; (3) the availability of long-term  
6 care insurance; and (4) the asset protection provided under sections 17b-  
7 252 to 17b-254, inclusive, and 38a-475, as amended by this act. The Office  
8 of Policy and Management shall provide public information to assist  
9 individuals in choosing appropriate insurance coverage.

10 (b) The Secretary of the Office of Policy and Management, in  
11 consultation with the Insurance Commissioner, shall, not later than  
12 January 15, 2026, and annually thereafter, file a report, in accordance  
13 with the provisions of section 11-4a, with the joint standing committees  
14 of the General Assembly having cognizance of matters relating to aging,  
15 human services and insurance and real estate on the incurred loss and

16 actual paid loss for each long-term care policy precertified pursuant to  
17 section 38a-475, as amended by this act, in the past three calendar years.  
18 The secretary shall include a link to the report on the Internet web site  
19 of the Office of Policy and Management and the Insurance Department  
20 shall include a link to the report on the Insurance Department's Internet  
21 web site.

22 (c) Not later than October 1, 2025, the Secretary of the Office of Policy  
23 and Management shall file a report, in accordance with the provisions  
24 of section 11-4a, with the joint standing committees of the General  
25 Assembly having cognizance of matters relating to aging, human  
26 services and insurance and real estate on the feasibility and effect on  
27 access to long-term care insurance of a requirement that issuers of long-  
28 term care insurance policies provide policyholders an opportunity to  
29 cancel such insurance and obtain full refunds of any premiums paid  
30 since the start of the policies whenever such issuer files for rate increases  
31 that exceed the rate of inflation.

32 Sec. 2. Section 38a-475 of the general statutes is repealed and the  
33 following is substituted in lieu thereof (*Effective July 1, 2025*):

34 The Insurance Department shall only precertify long-term care  
35 insurance policies that (1) alert the purchaser to the availability of  
36 consumer information and public education provided by the  
37 Department of Aging and Disability Services pursuant to section 17a-  
38 861, as amended by this act; (2) offer the option of home and  
39 community-based services in addition to nursing home care; (3) in all  
40 home care plans, include case management services delivered by an  
41 access agency approved by the Office of Policy and Management and  
42 the Department of Social Services as meeting the requirements for such  
43 agency as defined in regulations adopted pursuant to subsection (m) of  
44 section 17b-342, which services shall include, but need not be limited to,  
45 the development of a comprehensive individualized assessment and  
46 care plan and, as needed, the coordination of appropriate services and  
47 the monitoring of the delivery of such services; (4) provide inflation

48 protection; (5) provide for the keeping of records and an explanation of  
49 benefit reports on insurance payments which count toward Medicaid  
50 resource exclusion; [and] (6) do not tie executive compensation to  
51 approval of higher rates for policyholders; and (7) provide the  
52 management information and reports necessary to document the extent  
53 of Medicaid resource protection offered and to evaluate the Connecticut  
54 Partnership for Long-Term Care. No policy shall be precertified if it  
55 requires prior hospitalization or a prior stay in a nursing home as a  
56 condition of providing benefits. The commissioner may adopt  
57 regulations, in accordance with chapter 54, to carry out the  
58 precertification provisions of this section.

59 Sec. 3. Subsection (b) of section 38a-501 of the general statutes is  
60 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
61 *2025*):

62 (b) (1) No insurance company, fraternal benefit society, hospital  
63 service corporation, medical service corporation or health care center  
64 may deliver or issue for delivery any long-term care policy that has a  
65 loss ratio of less than sixty per cent for any individual long-term care  
66 policy. An issuer shall file an annual report, not later than January  
67 fifteenth, with the Insurance Commissioner on incurred losses and  
68 actual paid losses for each long-term care policy issued in the state. An  
69 issuer shall not use or change premium rates for a long-term care policy  
70 unless the rates have been filed with and approved by the  
71 commissioner. For a policy precertified in accordance with section 38a-  
72 475, as amended by this act, the Insurance Commissioner shall not  
73 approve any rate increase greater than a rate increase that was allowable  
74 at the time such policy was precertified. Any rate filings or rate revisions  
75 shall demonstrate that anticipated claims in relation to premiums when  
76 combined with actual experience to date can be expected to comply with  
77 the loss ratio requirement of this section. An insurance company,  
78 fraternal benefit society, hospital service corporation, medical service  
79 corporation or health care center shall, as part of any long-term care  
80 policy rate increase request, provide details of any and all reinsurance

81 contracts associated with the policy at issue, including, but not limited  
82 to, participation percentage of each reinsurer, by date of contract. A rate  
83 filing shall include the factors and methodology used to estimate  
84 irrevocable trust values if the policy includes an option for the  
85 elimination period specified in subdivision (1) of subsection (a) of this  
86 section.

87 (2) (A) Any insurance company, fraternal benefit society, hospital  
88 service corporation, medical service corporation or health care center  
89 that files a rate filing for an increase in premium rates for a long-term  
90 care policy that is for twenty per cent or more shall spread the increase  
91 over a period of not less than three years and not file a rate filing for an  
92 increase in premium rates for the long-term care policy during the  
93 period chosen. Such company, society, corporation or center shall use a  
94 periodic rate increase that is actuarially equivalent to a single rate  
95 increase and a current interest rate for the period chosen.

96 (B) Prior to implementing a premium rate increase, each such  
97 company, society, corporation or center shall:

98 (i) Notify its policyholders of such premium rate increase and make  
99 available to such policyholders the additional choice of reducing the  
100 policy benefits to reduce the premium rate or electing coverage that  
101 reflects the minimum set of affordable benefit options developed by the  
102 commissioner pursuant to section 38a-475a. Such notice shall include a  
103 description of such policy benefit reductions and minimum set of  
104 affordable benefit options. The premium rates for any benefit reductions  
105 shall be based on the new premium rate schedule;

106 (ii) Provide policyholders not less than thirty calendar days to elect a  
107 reduction in policy benefits or coverage that reflects the minimum set of  
108 affordable benefit options developed by the commissioner pursuant to  
109 section 38a-475a; and

110 (iii) Include a statement in such notice that if a policyholder fails to  
111 elect a reduction in policy benefits or coverage that reflects the

112 minimum set of affordable benefit options developed by the  
113 commissioner pursuant to section 38a-475a by the end of the notice  
114 period and has not cancelled the policy, the policyholder will be deemed  
115 to have elected to retain the existing policy benefits.

116 Sec. 4. Subsection (b) of section 38a-528 of the general statutes is  
117 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
118 *2025*):

119 (b) (1) No insurance company, fraternal benefit society, hospital  
120 service corporation, medical service corporation or health care center  
121 may deliver or issue for delivery any long-term care policy or certificate  
122 that has a loss ratio of less than sixty-five per cent for any group long-  
123 term care policy. An issuer shall file an annual report, not later than  
124 January fifteenth, with the Insurance Commissioner on incurred losses  
125 and actual paid losses for each long-term care policy issued in the state.  
126 An issuer shall not use or change premium rates for a long-term care  
127 policy or certificate unless the rates have been filed with the  
128 commissioner. For a policy precertified in accordance with section 38a-  
129 475, as amended by this act, the Insurance Commissioner shall not  
130 approve any rate increase greater than a rate increase that was allowable  
131 at the time such policy was precertified. Deviations in rates to reflect  
132 policyholder experience shall be permitted, provided each policy form  
133 shall meet the loss ratio requirement of this section. Any rate filings or  
134 rate revisions shall demonstrate that anticipated claims in relation to  
135 premiums when combined with actual experience to date can be  
136 expected to comply with the loss ratio requirement of this section. An  
137 insurance company, fraternal benefit society, hospital service  
138 corporation, medical service corporation or health care center shall, as  
139 part of any long-term care policy rate increase request, provide details  
140 of any and all reinsurance contracts associated with the policy at issue,  
141 including, but not limited to, participation percentage of each reinsurer,  
142 by date of contract. On an annual basis, an insurer shall submit to the  
143 commissioner an actuarial certification of the insurer's continuing  
144 compliance with the loss ratio requirement of this section. Any rate or

145 rate revision may be disapproved if the commissioner determines that  
146 the loss ratio requirement will not be met over the lifetime of the policy  
147 form using reasonable assumptions.

148 (2) (A) Any insurance company, fraternal benefit society, hospital  
149 service corporation, medical service corporation or health care center  
150 that files a rate filing for an increase in premium rates for a long-term  
151 care policy that is for twenty per cent or more shall spread the increase  
152 over a period of not less than three years and not file a rate filing for an  
153 increase in premium rates for the long-term care policy during the  
154 period chosen. Such company, society, corporation or center shall use a  
155 periodic rate increase that is actuarially equivalent to a single rate  
156 increase and a current interest rate for the period chosen.

157 (B) Prior to implementing a premium rate increase, each such  
158 company, society, corporation or center shall:

159 (i) Notify its certificate holders of such premium rate increase and  
160 make available to such certificate holders the additional choice of  
161 reducing the policy benefits to reduce the premium rate or electing  
162 coverage that reflects the minimum set of affordable benefit options  
163 developed by the commissioner pursuant to section 38a-475a. Such  
164 notice shall include a description of such policy benefit reductions and  
165 minimum set of affordable benefit options. The premium rates for any  
166 benefit reductions shall be based on the new premium rate schedule;

167 (ii) Provide certificate holders not less than thirty calendar days to  
168 elect a reduction in policy benefits or coverage that reflects the  
169 minimum set of affordable benefit options developed by the  
170 commissioner pursuant to section 38a-475a; and

171 (iii) Include a statement in such notice that if a certificate holder fails  
172 to elect a reduction in policy benefits or coverage that reflects the  
173 minimum set of affordable benefit options developed by the  
174 commissioner pursuant to section 38a-475a by the end of the notice  
175 period and has not cancelled the policy, the certificate holder will be

176 deemed to have elected to retain the existing policy benefits.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2025</i>	17a-861
Sec. 2	<i>July 1, 2025</i>	38a-475
Sec. 3	<i>July 1, 2025</i>	38a-501(b)
Sec. 4	<i>July 1, 2025</i>	38a-528(b)

**Statement of Purpose:**

To institute safeguards for participants in the Connecticut Partnership for Long-Term Care.

*[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.]*