



# House of Representatives

General Assembly

**File No. 683**

February Session, 2026

Substitute House Bill No. 5375

*House of Representatives, April 20, 2026*

The Committee on Judiciary reported through REP. STAFSTROM of the 129th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

***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:

1 Section 1. (*Effective from passage*) The Insurance Commissioner shall  
2 study the feasibility of (1) allowing one or more nonprofit entities to  
3 pool such nonprofit entities' liability insurance policies, including  
4 general liability insurance and automobile liability insurance, and (2)  
5 establishing a captive insurance company or program to insure the risk  
6 of such pool. Not later than February 1, 2027, the Insurance  
7 Commissioner shall report, in accordance with the provisions of section  
8 11-4a of the general statutes, to the joint standing committee of the  
9 General Assembly having cognizance of matters relating to insurance  
10 on the findings of such study.

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

12 (1) "Health benefit plan" has the same meaning as provided in section  
13 38a-1080 of the general statutes.

14 (2) "Health carrier" has the same meaning as provided in section 38a-  
15 1080 of the general statutes.

16 (3) "Pharmacist" has the same meaning as provided in section 38a-  
17 479aaa of the general statutes.

18 (4) "Pharmacy benefits manager" has the same meaning as provided  
19 in section 38a-479aaa of the general statutes.

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

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

30 (c) A health carrier, third-party administrator or pharmacy benefits  
31 manager shall not deny reimbursement solely based on a provider's  
32 license type when such service is:

33 (1) Within the scope of the pharmacist's license under chapter 400j of  
34 the general statutes; and

35 (2) Otherwise eligible for reimbursement when performed by a  
36 physician, physician assistant or advanced practice registered nurse.

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

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

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

43 (e) The Insurance Commissioner may adopt regulations, in  
44 accordance with chapter 54 of the general statutes, to implement the  
45 provisions of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>January 1, 2028</i>	New section

**JUD**      *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

**OFA Fiscal Note**

**State Impact:**

Agency Affected	Fund-Effect	FY 27 \$	FY 28 \$
Insurance Dept.	IF - Cost	100,000- 150,000	None

Note: IF=Insurance Fund

**Municipal Impact:** None

**Explanation**

The bill results in an expected cost of \$100,000 to \$150,000 to the Insurance Fund in FY 27 associated with the Department of Insurance hiring a contractor to study nonprofit liability insurance and the feasibility of establishing a captive insurance company for this purpose. The department lacks the expertise needed to complete the study and issue a report by February 1, 2027.

The bill also requires pharmacists to be included in clinical service reimbursement resulting in no fiscal impact to the state.

**The Out Years**

The bill has no cost in the out years as the cost is one-time in nature.

**OLR Bill Analysis****sHB 5375*****AN ACT CONCERNING THE RECOMMENDATIONS OF THE INSURANCE AND REAL ESTATE COMMITTEE WORKING GROUPS.*****SUMMARY**

This bill requires health carriers, third-party administrators, and pharmacy benefits managers (PBMs) covering benefits under a health benefit plan in Connecticut to (1) reimburse pharmacists for covered clinical services and (2) include them in reimbursement processes and provider networks.

The bill authorizes the insurance commissioner to adopt regulations to implement its provisions on pharmacists' compensation.

The bill also requires the commissioner to study the feasibility of (1) allowing one or more nonprofit entities to pool their liability insurance policies, including general liability insurance and automobile liability insurance, and (2) establishing a captive insurance company or program to insure the pool's risk. The commissioner must report his findings to the Insurance and Real Estate Committee, by February 1, 2027.

EFFECTIVE DATE: January 1, 2028, except the provision on the insurance commissioner's study is effective upon passage.

**PHARMACISTS' COMPENSATION**

By law, licensed pharmacists are recognized as health care providers. The bill provides for their compensation when they deliver covered services under certain health plans.

***Clinical Services Reimbursement***

Specifically, the bill requires health carriers, third-party administrators, and PBMs covering benefits under a health benefit plan

(see below) in Connecticut to (1) reimburse pharmacists for covered clinical services (see below) and (2) include them in reimbursement processes and provider networks. The bill specifies that it does not require coverage of any service not otherwise covered under the plan.

**Applicability.** The bill applies to any insurance company, fraternal benefit society, hospital service corporation, medical service corporation, health care center, or other entity subject to Connecticut insurance laws and regulations (“health carrier”). It also applies to PBMs that administer the prescription drug, prescription device, or pharmacist services portion of a health benefit plan on behalf of plan sponsors, such as self-insured employers, insurance companies, labor unions, and health care centers. Lastly, it also applies to third-party administrators.

**Health Benefit Plan.** Under the bill, a “health benefit plan” is an insurance policy or contract offered, delivered, issued for delivery, renewed, amended, or continued in Connecticut by a health carrier to provide, deliver, pay for, or reimburse health care service costs. Coverage for certain types of benefits is expressly excluded, such as disability, specified accident or accident only, long term care, Medicare or TriCare supplement, travel health, any single service ancillary health (for example, vision, dental, or prescription drug coverage), or certain other limited scope, supplemental, or fixed indemnity benefits.

### **Covered Clinical Service**

Under the bill, “covered clinical service” is any service or procedure (1) within the scope of the pharmacist’s license and (2) covered under the terms of the health benefit plan when done by any other licensed health care provider (physician, physician assistant, or advanced practice registered nurse).

The bill prohibits a health carrier, third-party administrator, or PBM from denying reimbursement for any covered clinical service solely based on the type or scope of the provider’s license.

### **Credentialing and Contracting Standards**

The bill specifies that it does not prevent health carriers, third-party administrators, and PBMs from setting reasonable participation, credentialing, and contracting standards for pharmacists.

**BACKGROUND**

***Legislative History***

The House referred the bill (File 243) to the Judiciary Committee, which reported a substitute that eliminates provisions that (1) give immunity from civil liability, under certain circumstances, to nonprofit human services providers that contract with the state through a purchase of service contract and (2) require the insurance commissioner to examine the impact of insurance claim litigation and report his findings to the legislature by February 1, 2027.

**COMMITTEE ACTION**

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 13 Nay 0 (03/12/2026)

Judiciary Committee

Joint Favorable Substitute

Yea 40 Nay 0 (04/10/2026)