Human Services Committee
JOINT FAVORABLE REPORT

Bill No: SB-3 / Bill Status / Public Hearing Testimony
Title: AN ACT CONCERNING HEALTH CARE AFFORDABILITY.
Vote Date: 3/19/2026
Vote Action: Joint Favorable
PH Date: 3/17/2026
File No.: 447

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SPONSORS OF BILL:

Human Services Committee

REASONS FOR BILL:

The bill seeks to soften the blow of cuts on health care premium subsidies occurring at the federal level. SB 3 intends on supporting affordable health care options in the state through creations of a Connecticut Option, Affordable Health Care Trust Fund, and Basic Health Plan public option. Opponents of the bill suggest SB 3 loosely establishes state programs without lending consideration to market stability, industry structure, and carrier options. Proponents, however, believe the bill tackles high healthcare costs, boosts access to coverage, and connects residents to the resources they need. Testimony is overwhelmingly supportive of the bill, with many thinking of it as a legislative remedy to HR 1, a federal reconciliation act passed in 2025 under President Trump's administration.

RESPONSE FROM ADMINISTRATION/AGENCY:

Commission on Racial Equity in Public Health, Muna Abbas, Acting Director:
Fully supports the bill, which works to draft a plan that addresses the anticipated negative impacts of HR 1. All in all, CREPH appreciates how SB 3 moves to mitigate the impacts of recent federal cuts and makes affordable/accessible health care options for Connecticut residents.
Connecticut Department of Social Services, Commissioner, Andrea Barton Reeves:
Shares several concerns with the bill as written, which encompass most sections having to do with increasing delays, adding onto administrative burdens, and restricting DSS's ability to implement and adjust Medicaid programming.

Connecticut Office of the Healthcare Advocate, Kathleen Holt, Healthcare Advocate:
OHA supports exploring the bill's proposals that serve as alternatives to the status quo. Ms. Holt adds that healthcare spending per capita in the U.S. is twice the average of other affluent countries, calling it

a “counterintuitive dynamic” that has plagued the country for decades. Her office believes changing approaches to spending will have a positive influence on the up-and-coming Connecticut Option.

Commission on Racial Equity in Public Health, Gretchen Shugarts, Commission Analyst:
The Commission is in full support of SB 3. Ms. Shugarts adds that transferring $200 million from the Federal Cuts Response Fund to create an Affordable Health Care Trust Fund is sound policy. They believe in long-term solutions that expand health insurance coverage and hold that the Basic Health Program would serve as a reliable alternative health care option, considering three other states have permitted similar operations. Ms. Shugarts leaves a few suggestions, commenting on expanding the definition of affordability, cautioning against the use of managed care organizations, and encouraging oversight to ensure compliance with hospital finance assistance.

NATURE AND SOURCES OF SUPPORT:

Connecticut Psychiatric Society, Jessica Abellard, President:
CPS supports SB 3 for four primary reasons, as it would create a “basic health program” for residents with incomes significantly below the federal poverty level and require hospitals to adhere to fair pricing practices. In addition, the bill establishes a “Connecticut Option” affordable health program and an Affordable Health Care Trust to sustain such program. Supporters believe this will promise meaningful and timely relief for families, take into account affordability, and address the reality of health care in full.

Connecticut Children’s, Government Relations Manager, Christian Peterson:
Has concerns on conditioning DSH payments on adoption of financial assistance policies, considering Connecticut Children’s annually receives a DSH payment in the state budget. Mr. Peterson offers his support for Section 18 as well, recognizing that it would improve prior authorization and utilization review.

Connecticut State Medical Society:
Expresses strong support for the prior authorization reforms contained in the bill. CSMS comments on the proposed Connecticut Option and finds that the bill leaves key operational questions unanswered, most regarding physician participation structures, building a physician network, and ensuring a broad enough scope of care. CSMS notes that the central issue, for physicians, is sustainability and that practices are operating in increasingly difficult environments. Without reliable and viable payments for services, offices will not be able to keep up with absorbing amounts of bad debt, financial strain, and uncollectible medical bills.

Connecticut State Dental Association, Kathlene Gerrity, Executive Director:
CSDA closely links oral health to systemic health, arguing that oral health must be integrated into broader health policy planning. They encourage policymakers to consider multiple key principles, including the cost containment that comes with preventive dental care, and to invite providers in discussions about health planning and policy development.

Blood Cancer United, Ernie Davis, Senior Director:
Stands with anybody diagnosed with, in treatment for, or living with blood cancer who needs access to high-quality, stable health coverage. They support financial assistance measures, the establishment of the Safety Net Mitigation Working Group, forming state definitions of “medical frailty,” and

tightening prior authorization timelines. Their concern, however, lies with broad language on risk-mitigation approaches in Section 4.

Health Equity Solutions, Ayesha Clarke, Executive Director:
Supports SB 3 given the legislation's alignment with HES's policy agenda. Ms. Clarke notes that a lack of health insurance and costly or under-insurance coverage have genuine consequences. Research supports her claims, as 20% of households couldn't afford health care in 2022. She continues, adding that hundreds of thousands will lose coverage due to federal changes in Medicaid, making the need for affordability greater than ever.

Connecticut Health Policy Project, Ellen Andrews, Director:
Connecticut Legal Services, Kristen Noelle Miller Hatcher, Attorney:
Highlight the effects of last year's federal budget bill, HR 1, and particularly its toll on healthcare coverage. Numerous quotes estimate that approximately 200,000 Connecticut residents will lose Medicaid coverage as a result of the legislation by January 1, 2027. The group turns to SB 3 and its proposed Connecticut Option as a plan to counteract/mitigate high prices, premiums, and costs associated with other plans.

American Lung Association in Connecticut, Ruth Canovi, Advocacy Director:
ALA supports provisions in SB 3's working group that would promote minimizing the impacts of HR 1. They additionally support maximizing the use of self-attestation to verify work reporting requirements, providing financial assistance to individuals who recently lost subsidies, expanding coverage via a Basic Health Plan, limiting medical debt effects, and tightening timeframes.

American Cancer Society Cancer Action Network, Bryte Johnson, Connecticut Government Relations Director:
ACS CAN strongly opposes health provisions of the 2025 budget reconciliation bill that pose threats to health care coverage – a vital lifeline for people with cancer, survivors, and those in need of preventive/screening services. Mr. Johnson highlights how 24,000+ Connecticut residents will be diagnosed with cancer in 2026, with 6,700+ expected to die from the disease, arguing that health insurance coverage increases one's chances of survival.

Connecticut General Assembly, Senate Democrats Office, Martin Looney, Senate President Pro Tempore:
Support the bill, including its work on specifically promoting market efficiency through the Connecticut Option, strengthening patient protections with an Uncompensated Care Reimbursement Program, and safeguarding against federal retrenchment.

Connecticut AFL-CIO, Ed Hawthorne, President:
Greater Hartford Gives Foundation, Judy McBride, Director of Strategic Partnerships and Investments:
Greater Hartford Gives Foundation, Chris Senecal, Senior Public Policy and Media Relations Officer:
Claims that SB 3 keeps people insured, protects families from devastating medical costs, and supports a healthier, more equitable health care system in Connecticut. They believe an Affordable Health Care Trust-funded Connecticut Option, administered by the State Treasurer, will make healthcare more comprehensive, counter federal reductions, and bolster premium subsidy offerings for eligible residents.

Northwell Health, Nikki Schulz, Chief Revenue Officer:
Strongly supports Section 18 of SB 3, making improvements to prior authorization and utilization review. As a background, Ms. Schulz elaborates on current hardships pressing Emergency Department wait times, complicating hospital bed management, eroding patient experiences, and increasing risks of hospital-acquired infections.

Connecticut Community Nonprofit Alliance (The Alliance), Ben Shaiken, Director of Public Policy and Advocacy:
Shares that health insurance costs for nonprofits are increasing significantly, and options are only becoming more competitive among industry employers. Mr. Shaiken finds that a public option would create more options for nonprofits, especially for those reliant on the ACA. He concludes with recommendations on making the public option an optional choice and having the state adjust current contracts to adjust all costs.

Connecticut Voices for Children, Ruchi Sheth, Research and Policy Analyst:
Strongly supports SB 3 because Connecticut children and families deserve access to affordable health care coverage. Ms. Sheth shares concerns with residents choosing to disenroll from health coverage and HR 1 restricting immigrants' and refugees' Medicaid subsidies. The institute understands that health care costs have been an ongoing issue for decades and appreciates greater transparency measures, suggesting that the AG enforce billing policies, financial assistance eligibility fall below 200% FPL, and extend requirements for hospitals offering reasonable payment plans to all earning up to 600% FPL.

Connecticut Citizen Action Group, Tom Swan, Executive Director:
Strongly supports SB 6. Mr. Swan appreciates the state playing a more active role in assessing health care costs. They remain concerned about the possible use of reinsurance due to looming Medicaid cuts and think the bill has building blocks that could later be used for a final package.

Disability Rights Connecticut, Sheldon Toubman, Litigation Attorney:
Respects SB 3 for maximizing insurance coverage for low-income individuals but will only support the bill if provisions in Section 17 (b-28b, b-226) are repealed. These regard authorizing (1) DSS to contract on competitive bidding processes with MCOs and (2) DSS purchasing of health insurance for Medicaid enrollees from health insurers. Mr. Toubman claims these two moves would "go a long way in protecting the 900,000+ CT individuals on Medicaid."

United States of Care (USofCare), Senior State Kelsey Wulfkuhle, Advocacy Manager:
USofCare, a non-partisan, non-profit organization supports the development of a short-term subsidy program and the legislation's creation of a Basic Health Plan/public option. In addition, they appreciate the working group that would be established as a result of the proposal, finding that their task and content concentrations are appropriate and necessary. Finally, USofCare encourages that, as they've seen in other states, Connecticut give OPM the authority necessary to seek federal waivers, as it would exhaust maximum federal funding.

SEIU Healthcare, Kevin Alexander, Personal Care Attendant:
Connecticut Worker Center, Yaneth Alzate, Member:
American Federation of Teachers Connecticut, John Brady, Executive Vice President:
Connecticut Worker Center, Michelle Cabrera, Member:
PT Partners, Jeanny Charles, Employee:
She Leads Justice, Jenny Cornejo, Member:

Connecticut Project Action Fund, Melissa Costas, Leader:
Connecticut Oral Health Initiative, Kirsten Ferguson, Community Oral Health Champion:
CitySeed, Kaitlyn Kimball, Director of Agriculture:
Sunset Farm, Kaitlyn Kimball, Owner:
Connecticut Worker Center, Member:
Connecticut Worker Center, Rosa Rodriguez, Member:
Off Center Farm, Rebecca Toms, Co-Operator:
Naugatuck Valley Project, Betsy Torres, Member:
Gustavo Aragon:
Sari Bodi:
Donna Grossman:
Keith Henderson:
Irene Skrybailo:
Anonymous 24:
This group consists of dozens of people, including tenured workers/leaders, aspiring professionals, family members, and neighbors who live in fear (for themselves and others) of losing health or have already done so due to insurance costs, attesting to the importance of affordable healthcare. From farmers and employees struggling to find reasonable insurance to people paying out of pocket, testimony covers a diverse array of problem types. Some testimonies appear thankful that, despite growing trends, they were able to afford their insurance.

Middlesex Orthopedic & Spine Associates, Lawrence Berson, Orthopedic Surgeon:
Connecticut Orthopedic Society, Erik Carlson, President:
Support the legislation for increasing timeliness, transparency, and accountability in the review process and improving patient communications – thus speeding up medically necessary treatments. Newly establishing the "deemed approval" provision is also considered a crucial safeguard, along with strengthening payment protections for authorized services.

Community Health Center Association of Connecticut, Deb Polun, Chief Strategy Officer:
CHC/ACT supports expanding access to affordable health coverage, substantiating the claim with research "that people without health insurance are less likely to receive preventive care and more likely to experience worse health outcomes." The Association appreciates the Committee's attention to how CT will respond to changes in HR 1, recommending that DOC be added to the Safety Net Mitigation Working Group and adding additional context behind the "medical frailty" definition.

UConn Health Disparities Institute, Martinez Sprague, Director:
UConn's HDI supports SB 3 as it would provide real solutions to the health care affordability crisis, including measures like strengthening hospitals' financial assistance programs, creating a basic health program, implementing a state-run health insurance option, and participating in the planning processes for the design of the BHP and CT Option.

SEIU Connecticut State Council, Stacey Zimmerman, Deputy Director:
Stands in strong support of SB 3 and thinks of the bill as a way to address assaults from federal cuts. They believe the Connecticut Option to be a short-term and long-term success, guaranteeing fixes that provide lasting coverage solutions and easing the lives of residents.

UConn School of Social Work, Melanie Aguilar, Master's Student:
Connecticut Worker Center, Laura Angel, Member:
Naugatuck Valley Project, Jacqueline Bayas, Community Organizer:

Quinnipiac Department of Social Work, Cameron Brower, Master's Student:
Westminster Presbyterian Church, Thomas Buckley, Member:
Make the Road Connecticut, Yorelys Cardenas, Community Health Promoter:
Make the Road Connecticut, Maria Cheveria, Leading Member:
UConn School of Social Work, Fiona Crowley, Master's Student:
Make the Road Connecticut, Frank Cruz, Member:
Fourt Root Farm, Elise Cusano, Owner:
Not Just Us, Brian Donahue, Founder:
HAVEN Free Clinic, Kyle Feliciano, Community Relations and Advocacy Director:
Hartford Federation of Teachers, Carol Gale, Supports:
Gardner's House Inc., Maggie Gardner, Founder:
Northeast Organic Farming Association of Connecticut, Britta Garth, Member:
Southern Connecticut State University School of Social Work, Jessica Gleason, Master's Student:
Connecticut Project Action Fund, Yahaira Guitard, Leader:
HAVEN Free Clinic, Jiwoo Han, Clinical Team Member:
Yale School of Medicine, Annie Harper, Assistant Professor:
Ministerial Health Fellowship, Harmony Jones, Certified Community Health Worker:
Comunidades Sin Fronteras, Carmen Lanche, Executive Director:
Naugatuck Valley Project, Juana Lopez, Leader:
Yale New Haven Hospital, Laurie MacLeod, Certified Nurse-Midwife:
American Academy of Pediatrics, Molly Markowitz, Pediatrician:
Women & Families Center, Maryvette Morales, Outreach and Engagement Specialist:
Comunidades Sin Fronteras, Giselle Nino, Volunteer:
She Leads Justice, Crystal R., Member:
Pediatrician, Julia Rosenberg:
Pediatrician, Leslie Sude:
Unitarian Universalist Society East, Monica van Beusekom, Member:
Danbury United for Immigrants, Joan Van De Water, Member:
Sheila Brown:
Laura Cleary:
Alexander Cruz:
Dione Dwyer:
Mark Edwards:
Emily Jackson:
Cynthia Kozak:
Lucy Machado:
Emily McCave:
Angie Rendon:
Lori Savage:
LaPamela Self:
Anonymous 13:

These firsthand reports describe the effects of barriers and requirements on underserved communities, school districts, working families, and individuals, where affordability is scarce, and subsidies offer lifelines for many. Their accounts and observations inform how critical action would be to ensuring that healthcare remains an attainable, long-term resource for Connecticut residents. Families recount making extreme either-or financial decisions, skipping essential appointments, and, in one instance, traveling to other cities for access to medical services. Doctors and staff members detail the grave

pressures facing both their past and present patients, who have had services put on hold in the name of cost savings.

Greater Hartford Interfaith Action Alliance, Peter Benner, Member:
Sisters of St. Joseph, Elaine Betoncourt, Member:
Concordia Lutheran Church, Susan Bourret, Member:
First Church of Christ Congregational, Linda Bronstein, Member:
St. Mary's Church, Nancy Brush, Member:
First Church of Christ, Mario Chiappetti, Member:
First Church Congregational, Stanley de Mello, Member:
Asylum Hill Congregational Church, Holly DeYoung, Member:
First Church of Christ Congregational, Gail Gagnon, Member:
Greater Hartford Interfaith Action Alliance, Jocelyn Gardner Spencer, Lead Organizer:
Kehilat Chaverim, Susan Garten, Member:
CT UU Social Justice Ministry, Sierra-Marie Gerfao, Executive Director:
First Church of Christ, Reverend Allyson Glass:
Reproductive Equity Now, Liz Gustafson, Connecticut State Director:
Unitarian Universalist Congregation of Danbury, Margaret Henderson, Leader:
Franciscan Center for Urban Ministry, Michael Johnson, Executive Director:
Yale School of Public Health, Kaveh Khoshnood, Associate Professor:
YWCA Greenwich, Mary Lee Kiernan, President & CEO:
Kehilat Chaverim, Sharon Langer, Member:
Congregation Beth Israel, Judith Levy, Member:
Collaborative Center for Justice, Teran Loeppke, Executive Director:
Unitarian Universalist Church, Reverend Anthony Lorenzen:
Unitarian Society of Hartford, Sherry Manetta, Member:
Hartford Friends, William Marut, Member:
Emanuel Lutheran Church, Stanley Maticka, Member:
Immanuel Congregational Church, Natalie Mendes, Member:
First Church of Christ Congregational, Jim O'Brien, Member:
Unitarian Universalist Society East, Reverend Josh Pawelek:
Indivisible Southeastern Connecticut, Jeanne Pinzon:
Universalist Church of West Hartford, Lindsay Plath, Member:
Connecticut Catholic Public Affairs Conference, David Reynolds, Associate Director of Public Policy:
Refugee Health Advocate, Rona Rohbar:
She Leads Justice, Tonishia Signore, Policy Director:
Yale School of Medicine, Kristina Talbert-Slagle, Assistant Professor:
St. Patrick and St. Anthony Church, Patricia Spring, Member:
Congregation Beth Israel, Jane Zande, Member:
Susan David:
Mary Jane Eisen:
Teryl Eisenberg:
Tim Gabriele:
Leanne Harpin:
Sharon Huttner:
Randa James:
Sophy Johnston:
Nancy Kirchmyer:

Shakira Rivas:
Ryan Soller:
Supports SB 3, reasoning that healthcare should be protected as a human right, alongside others, calling it the bare minimum. They ask that it be extended to all residents in-state and be cognizant of inequities affecting women, people of color, including the most vulnerable and marginalized groups, lawfully present immigrants, and undocumented neighbors.

Yale School of Public Health, Kacia Flynn, Master's Student:
Refers to national data indicating that almost 45% of adults reveal it's difficult to afford healthcare. Ms. Flynn says that the challenge is visible among households with incomes between $50,000 and $75,000 or under. She views SB 3 as a critical opportunity to improve access to care, provide financial protection, and advance population health.

Yale School of Public Health, Meihan Lu, Graduate Student:
Introduces case studies and success stories from neighboring states, including Massachusetts's ConnectorCare Program and Rhode Island's providing subsidized insurance plans and measures to protect potential subsidy losses, respectively.

Yale School of Public Health, Campbell Mitchell, Graduate Student:
Spotlights that one in three Americans has diabetes or prediabetes, meaning without intervention, "they will need treatment at some point in the future" – a stat that represents hundreds of thousands of dollars in medical costs per hospitalization. She continues by arguing that hospitalizations and deaths on these fronts are preventable and that SB 3 takes a step towards ensuring comprehensive healthcare coverage.

Connecticut Communist Party, Joelle Fishman, Chair:
PT Partners, Evelyn Medina, Food Justice Coordinator:
Connecticut For All, Obed Sierra, Organizer:
Connecticut Project Action Fund, Kate Sweeney, Leader:
Wendy Block:
Sheila Depascale:
Karen Edwards:
Ruth Hofstatter:
Nansi Jones:
Roberta La Monaca:
Katherine Roberts:
Zandalee Rodriguez:
Michael Rollins:
Marilyn Vache:
Submits general, concise written testimony, offering support for the bill's creation of a Basic Health Program, Connecticut Option, and/or Connecticut Affordable Health Care Trust fund in response to federal cuts, which are commended for promising to make life more manageable, shield against unfair medical debt, and take care of people.

NATURE AND SOURCES OF OPPOSITION:

Connecticut Business and Industry Association, Grace Brangwynne, Policy Director:

CBIA opposes SB 3, stating that the bill introduces substantial financial risks, lacks adequate legislative oversight, and "excludes essential stakeholder voices from a process that will profoundly impact Connecticut's healthcare system."

Connecticut Bioscience Growth Council, Jenna Grasso, Director:
Opposes SB 3 for identifying as a more public option. The group opposes the creation of a Basic Health Program because the shift would further compress the market, weaken employer-sponsored coverage, and place pressure on families with high premiums. Also, the Council shares how price-control models have documented histories of failing to achieve their intended goals.

Connecticut Hospital Association:
Offers general commentary, opposing the establishment of a Connecticut Option without addressing the underlying issue of chronic Medicaid underpayment and shifting medical debt responsibilities away from spouses. CHA does support, however, the development of a definition for "medical frailty," the requirement of DSS to obtain Committee approval for Medicaid payment model changes and improving prior authorization/utilization review.

National Association of Benefits and Insurance Professionals, Julie Chubet, Legislative Chair:
Oppose the bill as it would "fundamentally restructure Connecticut's health insurance marketplace through the creation of a subsidized public option, a Basic Health Program, and changes to prior authorization standards." NABIP claims SB 3 would establish undefined subsidy frameworks, create new programs without clear structures, and expand publicly administered coverage in CT.

Association of Health Insurance Providers (AHIP), Sarah Lynn Geiger, Regional Director-State Affairs:
Believes that public opinion approaches create negative, unintended consequences, including "higher costs and fewer choices for Connecticut residents." AHIP opposes government-controlled options, public options' lower reimbursement rates, and taxpayer-burdened systems.

Connecticut Association of Health Plans, Susan Halpin, Executive Director:
Strongly believes that "at a time when only a small number of carriers remain in Connecticut's individual and small-group markets, policymakers should proceed cautiously to avoid destabilizing the marketplace and reducing coverage options for consumers."

Yale New Haven Health, Paul Mounds Jr., Vice President:
Opposes several elements of SB 3 that he YNHH believes present operational and financial concerns for hospitals. Mr. Mounds shares that hospitals are dealing with enough complications thanks to Medicaid instability, unfunded mandates, and workforce pressures already. He raises concerns with increasing shortfalls, and as challenges become more prevalent, YNHH will support strengthened utilization review timelines and the development of additional medical definitions.

Connecticut's Health Care Future, Kelley Robertson, Executive Director:
Suspects that creating a Connecticut Option and related government-run programs will drive up costs and reduce access to care. Aside from moving CT "toward a government-controlled health coverage system," the coalition cautions against increasing taxes/financial risk, hampering access to care, and following precedents set by other states.

Stamford Health, Kathleen Silard, CEO:

Lists general comments, starting with concerns over the establishment of a Connecticut Option, fearing the program would result in a greater cost-shift to commercially insured patients. In addition, Stamford Health opposes prohibiting hospitals from considering patient assets when determining financial assistance eligibility and disapproves of conditioning DSH payments on the adoption of such policies. They support, however, efforts to prioritize access to clear and timely information, matching definitions with forthcoming federal guidance, and shortening the timeframe for nonurgent prospective/concurrent review determinations.

Reported by: Zachary Robinson **Date: April 9, 2026**