



General Assembly

**Amendment**

February Session, 2026

LCO No. 4411



Offered by:

REP. WOOD K., 29<sup>th</sup> Dist.

REP. PAVALOCK-D'AMATO, 77<sup>th</sup> Dist.

To: Subst. House Bill No. 5375

File No. 683

Cal. No. 199

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

1 Strike everything after the enacting clause and substitute the  
2 following in lieu thereof:

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

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

11 (2) Develop a proposed plan to establish a captive insurance  
12 company, risk management agency or a program to insure the risk of  
13 nonprofit entities who pool such liability insurance policies. Such

14 proposed plan shall assess the appropriate structure of such company,  
15 agency or program to ensure its financial and operational viability,  
16 including, but not limited to, (A) a process for collecting relevant data  
17 from nonprofit entities participating in such pool, (B) an actuarial  
18 analysis of any risks to be underwritten by such company, agency or  
19 program, (C) a plan design, and (D) any other factors as deemed  
20 appropriate by the commissioner.

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

29 (b) Not later than November 1, 2026, the Insurance Commissioner  
30 shall submit a report, in accordance with the provisions of section 11-4a  
31 of the general statutes, to the joint standing committees of the General  
32 Assembly having cognizance of matters relating to insurance, finance,  
33 revenue and bonding, appropriations and the budgets of state agencies  
34 and human services on the findings of such study, proposed plan and  
35 financial analysis, including any recommendations for legislative action  
36 required for the establishment of such company, agency or program,  
37 and an assessment of any such funding needed for implementation of,  
38 and future investment in, any such company, agency or program.

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

40 (1) "Health benefit plan" has the same meaning as provided in section  
41 38a-1080 of the general statutes.

42 (2) "Health carrier" has the same meaning as provided in section 38a-  
43 1080 of the general statutes.

44 (3) "Pharmacist" has the same meaning as provided in section 38a-

45 479aaa of the general statutes.

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

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

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

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

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

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

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

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

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

72 (e) The Insurance Commissioner may adopt regulations, in

73 accordance with chapter 54 of the general statutes, to implement the  
74 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