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## **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)