



General Assembly

February Session, 2024

Raised Bill No. 5245

LCO No. 1132



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

AN ACT CONCERNING COPAYMENT-ONLY HEALTH PLANS.

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

1 Section 1. Subsection (c) of section 38a-511 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective January*
3 *1, 2025*):

4 (c) The provisions of subsections (a) and (b) of this section shall not
5 apply to a high deductible health plan as that term is used in subsection
6 (f) of section 38a-493 and a copayment-only health plan. For purposes
7 of this section, "copayment-only health plan" means a health plan that
8 imposes a specific dollar amount to be paid by the insured for a health
9 care service or prescription drug paid for or reimbursed by such health
10 plan. "Copayment-only health plan" does not include deductibles or
11 coinsurance.

12 Sec. 2. Section 38a-511a of the general statutes is repealed and the
13 following is substituted in lieu thereof (*Effective January 1, 2025*):

14 No individual health insurance policy providing coverage of the type
15 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469

16 delivered, issued for delivery, renewed, amended or continued in this
17 state shall impose copayments that exceed a maximum of thirty dollars
18 per visit for in-network (1) physical therapy services rendered by a
19 physical therapist licensed under section 20-73, or (2) occupational
20 therapy services rendered by an occupational therapist licensed under
21 section 20-74b or 20-74c. The provisions of this section shall not apply to
22 a copayment-only health plan as that term is used in subsection (c) of
23 section 38a-511, as amended by this act.

24 Sec. 3. Subsection (c) of section 38a-550 of the general statutes is
25 repealed and the following is substituted in lieu thereof (*Effective January*
26 *1, 2025*):

27 (c) The provisions of subsections (a) and (b) of this section shall not
28 apply to a high deductible health plan as that term is used in subsection
29 (f) of section 38a-520 and a copayment-only health plan as that term is
30 used in subsection (c) of section 38a-511, as amended by this act.

31 Sec. 4. Section 38a-550a of the general statutes is repealed and the
32 following is substituted in lieu thereof (*Effective January 1, 2025*):

33 No group health insurance policy providing coverage of the type
34 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
35 delivered, issued for delivery, renewed, amended or continued in this
36 state shall impose copayments that exceed a maximum of thirty dollars
37 per visit for in-network (1) physical therapy services rendered by a
38 physical therapist licensed under section 20-73, or (2) occupational
39 therapy services rendered by an occupational therapist licensed under
40 section 20-74b or 20-74c. The provisions of this section shall not apply to
41 a copayment-only health plan as that term is used in subsection (c) of
42 section 38a-511, as amended by this act.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2025</i>	38a-511(c)
Sec. 2	<i>January 1, 2025</i>	38a-511a
Sec. 3	<i>January 1, 2025</i>	38a-550(c)

Sec. 4	January 1, 2025	38a-550a
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Statement of Purpose:

To remove certain copayment limitations for copayment-only health plans offered in this state.

[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.]