

Legislative Wrap-Up Report
As presented by FOCUS Government Affairs

Healthcare

The 2025 legislative session was marked by a robust agenda with a strong focus on healthcare policy. Convening on January 8 and adjourning at 11:59 p.m. on June 4, the Connecticut General Assembly introduced 4,062 bills, with only 275 ultimately passed by both chambers.

Throughout the six-month session, and with strong advocacy from the physician community, FOCUS Government Affairs successfully defeated several harmful healthcare proposals—including efforts to expand the scope of practice for naturopathic physicians and impose caps on out-of-network reimbursement rates. Notably, for the first time in years, the state budget included a long-overdue increase in Medicaid provider reimbursement rates, representing a significant win for Connecticut's healthcare system.

Medicaid

H.B. 7287 An Act Concerning the State Budget for the Biennium Ending June 30, 2027, and Making Appropriations Therefor, and Provisions Related to Revenue and Other Items Implementing the State Budget

Status: Advanced

Final form of the budget encompasses negotiations from top Democrat leaders in the state, and the Governor's Office

- **Medicaid:** Allocates a \$15.4 million increase in FY 26, and a \$45 million increase in FY 27 for Medicaid.
- **Telehealth Prescription of Opioids:** Allows opioids to be prescribed through telehealth as part of medication assisted treatment or to treat a psychiatric disability or substance use disorder.
- **Certificate of Need:** Allows OHS consider the review's preliminary and final reports and other specified materials; modifies the definition of "termination of services" for CON purposes to include the termination of any services for a combined total of more than 180 days within a consecutive two-year period.
- **Prescription Drug Pricing**
 - Capped prices on certain drugs and imposed penalties for noncompliance (Provisions taken from SB 11)
 - Allows cost drug purchases to count toward deductibles, capping annual increases in generic drug prices, and exploring the importation of drugs from Canada (Provisions taken from HB 6870)

Bill for Reference: <https://www.cga.ct.gov/2025/TOB/H/PDF/2025HB-06864-R00-HB.PDF>
OLR Report (Summary of Bill): <https://cga.ct.gov/2025/BA/PDF/2025HB-07287-R01-BA.PDF>

H.B. 7191 [An Act Concerning Medicaid Rate Increases, Planning, and Sustainability](#)
Provides a more narrow description of how the additional dollars allocated for Medicaid in the budget should be spent

Status: Did Not Advance

**Provisions will likely be considered in a special session*

- Requires the Department of Social Services, DSS, to phase in Medicaid rate increases for providers and health care services, in accordance with the previous Medicaid Rate Studies and adjust rates annually starting in 2030
- Requires DSS to consolidate existing fee schedules for providers or service reimbursement, so that every provider or service is being reimbursed using the same fee schedule.

Prior Authorization/Step Therapy, Etc.

S.B. 10 [An Act Concerning Health Insurance and Patient Protection](#)

Status: Advanced

Enacts a range of changes across healthcare policy, including numerous updates to health insurance provisions and other related regulations.

Mental Health Parity Compliance

- Requires health carriers to annually certify that their practices comply with mental health and substance use disorder parity laws

Step Therapy Restrictions

- Bars health carriers from requiring step therapy for prescription drugs used to treat multiple sclerosis or rheumatoid arthritis, and makes permanent the existing prohibition on step therapy for medications treating schizophrenia, major depressive disorder, and bipolar disorder by removing the sunset date.

Reimbursement for General Anesthesia

- Prohibits certain health insurance policies from imposing arbitrary, one-sided limits on reimbursement for general anesthesia.

Facility Fee Limits

- Reinstates a provision classifying violations of facility fee limits by hospitals, health systems, or hospital-based facilities as an unfair trade practice.

Bill for Reference: <https://cga.ct.gov/2025/AMD/S/pdf/2025SB-00010-R00SA-AMD.pdf>

OLR Report (Summary): <https://cga.ct.gov/2025/BA/PDF/2025SB-00010-R01-BA.PDF>

Recruitment and Retention

S.B. 1450 *An Act Concerning Recruitment and Retention of the Healthcare Workforce*

Status: Advanced

This bill includes various provisions aimed at recruiting and retaining health care providers in the state. Some provisions from HB 6979 inserted into this bill

- Establishes a DPH student loan reimbursement grant program for full-time, in-state licensed health care providers, with various qualifying criteria; excludes self-employed or sole proprietors of professional health care practice
 - 20% of grants to full-time primary care providers and 20% of grants to providers employed full-time in rural communities or at FQHCs

Bill for Reference: <https://cga.ct.gov/2025/AMD/S/pdf/2025SB-01450-R00HA-AMD.pdf>

OLR Report (Summary): <https://cga.ct.gov/2025/BA/PDF/2025SB-01450-R02-BA.PDF>

House Bill 6979 *An Act Concerning the Department of Public Health's Recommendations Regarding Physician Recruitment*

Status: Did Not Advance

- Loan Reimbursement Program (inserted into SB 1450 above)
- Would have allowed retired physicians to provide free primary and behavioral health care at nonprofit clinics and renew license at a reduced fee

CONNIE

HB 7157 *AAC Various Revisions to the Public Health Statutes*

Status: Advanced

Requires OHS to study the exclusion of certain patient health information from the exchange; exempts certain providers from having to connect with the exchange; sets patient notification requirements in the case of a data breach, ransomware, or hacking; and prohibits disclosure of protected health information in response to a subpoena, with limited exceptions

Bill for Reference: <https://cga.ct.gov/2025/AMD/H/pdf/2025HB-07157-R00HA-AMD.pdf>

OLR Report (Summary): <https://cga.ct.gov/2025/BA/PDF/2025HB-07157-R01-BA.PDF>

PRIVATE EQUITY

H.B. 6873 [An Act Strengthening the Review of Healthcare Entity Transactions](#)

Status: Did Not Advance

This bill would have expanded and modified existing law that required prior notice to the attorney general before parties can complete a transaction resulting in material or corporate change in a healthcare facility.

- Expanded the types of transactions and entities subject to review and in certain cases would require consultation between the attorney general, and OHS.
- Expanded the list of transactions that require prior notice to the attorney general
- Expanded the attorney general's (AG) powers to investigate private equity transactions, if the AG identifies antitrust concern.

S.B. 1507 [An Act Prohibiting Private Equity Ownership And Control Of Certain Health Care Institutions And The Controlling Of Or Interference With The Professional Judgment And Clinical Decisions Of Certain Health Care Providers And Requiring An Evaluation Of The Appointment Of A Receiver To Manager Hospitals In Financial Distress.](#)

Status: Did Not Advance

To prohibit private equity ownership and control of certain health care institutions and the controlling of or interference with the professional judgment and clinical decisions of certain health care providers.

OUT-OF-NETWORK

H.B. 6871 [An Act Limiting Out-of-Network Healthcare costs](#)

Status: Did Not Advance

- Would have capped out-of-network charges for inpatient and outpatient hospital services at 240% of the Medicare rate

NATUROPATHIC PHYSICIANS

S.B. 1325 [An Act Permitting Naturopathic Physicians to Prescribe and Administer Vitamin B12](#)

Status: Did Not Advance

Would have permitted naturopathic physicians to prescribe and administer Vitamin B12.