

## **SB 405**

This bill aims to prevent health insurance carriers from downcoding health insurance claims as a means to circumvent reimbursing healthcare providers for the service performed.

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## **SB 440**

This bill involves a comprehensive revision of the certificate of need process, which is a regulatory review conducted when a new healthcare facility is proposed or when an existing facility plans to expand.

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## **HB 5319**

This bill pertains to private equity firms that acquire or hold an ownership interest in health care facilities, including an evaluation of whether a certificate of need should be prerequisite for a private equity firm to acquire ownership in a health care facility. The feasibility of other restrictions on such acquisitions should also be examined. Additionally proposing requirements for health care facilities to disclose information if a private equity firm acquires or maintains an ownership stake in them.

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## **SB 241**

To require entities authorized to participate in the federal 340B Drug Pricing Program to report to the Health Systems Planning Unit of the Office of Health Strategy certain information regarding the program, including (1) aggregated acquisition costs, (2) aggregated payment information, (3) the number of claims for prescription drugs under the program, and (4) if the entity is a hospital, the national drug code number for the fifty most frequently dispensed prescription drugs by the hospital under the program.

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## **SB 242**

To expand the type of data collected by the all-payer claims database to include non-claims data.

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## **HB 5269**

This bill introduces rules regarding noncompete and exclusivity agreements, making them enforceable only under certain conditions from July 1, 2024.

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## **HB 5316**

This bill seeks to amend several regulations related to group medical practices and the certification of need program in Connecticut. Specifically, it redefines “large group practice” and “group practice,” increases the size of group practices required to report annually to the state Attorney General, and modifies the types of large group practice ownership transfers and medical equipment acquisitions that necessitate certificate of need approval.

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## **SB 180**

To (1) redefine “clinical peer” for the purposes of adverse determination and utilization reviews; (2) require health carriers to bear the burden of proving that certain health care services under adverse determination or utilization review are not medically necessary; and (3) require health carriers to provide certain clinical peers with authority to reverse initial adverse determinations.

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## **SB 210**

An Act Concerning A State-operated Reinsurance Program, Health Care Cost Growth And Site Of Service Billing Requirements.

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## **SB 318**

To require the Commissioner of Social Services to study ownership of nursing homes by private equity firms and report on any correlation between such ownership and negative ratings for quality of care.