

Since 1792, physicians dedicated to a healthier Connecticut



“Federal decisions, budget constraints, and the political workings of the legislature are largely outside our control. Our response, however, is not. We can organize. We can speak out. We can demand better. We can prevail. This session underscored the value of CSMS membership. It demonstrated the power of physician advocacy. When we stand together, we are not powerless.”

ADVOCACY IN ACTION: 2025 LEGISLATIVE SESSION WRAP-UP

LEGISLATIVE WINS

This session showed the impact of physician advocacy: Defeating harmful proposals, advancing important reforms, and staying prepared for the fights ahead.

SUCCESSFULLY DEFEATED: HB 6871 – An Act Limiting Out-of-Network Healthcare Costs

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

SUCCESSFULLY DEFEATED: SB 1325 – An Act Permitting Naturopathic Physicians to Prescribe and Administer B12

Would have expanded the scope of practice for naturopathic physicians.

SUCCESSFULLY DEFEATED: HB 6873 – An Act Strengthening the Review of Healthcare Entity Transactions

Would have required review of certain physician consolidation and private equity investments*.

*Ongoing discussion on the concepts contained in this bill will focus on protecting patients and oversight/regulation of predatory private equity, while preserving physician autonomy and practice decisions.

PASSED: HB 7287 (PA 25-168) – 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

Includes Medicaid rate increases of \$15.4 million in FY 2026 and \$45 million in FY 2027*.

* Specific allocations to physicians are still to be determined.

PASSED: SB10 (PA 25-94) – An Act Concerning Health Insurance and Patient Protection

- Step Therapy Restrictions: Bars health insurers from requiring step therapy for prescription drugs used to treat multiple sclerosis or rheumatoid arthritis; 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 unilateral arbitrary limitations on reimbursement for general anesthesia.
- Mental Health Parity Compliance: Requires health carriers to annually certify that their practices comply with mental health and substance use disorder parity laws; authorizes the insurance commissioner to impose civil penalties and late fees on carriers who fail to comply with mental health parity requirements.

PASSED: SB 1450 (PA 25-162) – An Act Concerning Recruitment and Retention of the Healthcare Workforce

Requires the Department of Public Health (DPH) to create, within available appropriations, a loan reimbursement program for health care providers, with some of the awards targeted to primary care providers and those employed in rural communities or at federally qualified health centers (FQHCs)*

*Primary care providers include physicians, but it is to be determined what additional medical providers are included in this language.

PASSED: HB 6978 (PA 25-96) – An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes

- Creates a Retired Physician License; Starting January 1, 2026, retired physicians can renew their licenses at a reduced fee: 10% of the standard fee or \$95, whichever is greater.
- Physicians with licenses voided due to nonrenewal can apply for reinstatement at the same reduced fee, subject to similar regulations.

Thank you to all of our physician advocates!

CSMS physicians were involved in every aspect of advocating for our physicians and their patients, including meeting with legislators and stakeholders, writing, reviewing, and/or delivering testimony, penning op-eds, and participating in media interviews. Your contributions to CSMS' advocacy efforts cannot be overstated. **Thank you!**

CSMS' PRESIDENT'S MESSAGE



The 2025 legislative session has come to a close, offering an important moment to take stock of what we accomplished, what we confronted, and what remains ahead. If there is a single defining feature of this year's work, it is the growing influence of forces beyond our control on the practice of medicine.

Still, even amid uncertainty, there were opportunities to make progress.

This session unfolded against a backdrop of evolving federal policy changes that may significantly impact Connecticut. Proposed adjustments to Medicaid threaten to reduce Connecticut's federal funding, with potential ripple effects on public health programs, education budgets, and services such as SNAP. These proposals remain under consideration at the federal level, and their outcomes are not yet resolved. For physicians, the stakes are high. These changes could directly affect the resources available to support patient care and sustain medical practices.

While these federal uncertainties hung overhead, two key issues dominated the state-level debate. First, a proposal from the Governor and the Office of Health Strategy to cap out-of-network physician payments at 240% of Medicare. Second, the long-overdue increase in Medicaid payment rates for physicians.

The out-of-network cap proposal was deeply flawed. It was based on the mistaken premise that it would reduce healthcare costs. It also assumed it would protect patients, despite the fact that such protections already exist at both the state and federal levels. In reality, the proposed bill would have eliminated what little leverage physicians still have to negotiate fair contracts with insurers. It would have shifted even more power into the hands of the too-powerful health insurance industry. Defeating this proposed bill quickly became the top priority this session.

Connecticut does face a healthcare cost problem. It also faces a health insurer problem. Lawmakers continue to focus on physicians as a key source of rising costs while largely overlooking the unchecked growth in health insurance company profits. If the state is serious about affordability, it is time to consider whether health insurer profits should be capped, as they are for regulated utilities. The current model is unsustainable.

Despite the odds, the proposal to cap out-of-network payments was defeated. Achieving that outcome required sustained and strategic effort. It was the product of a coordinated effort by organized medicine. CSMS worked alongside hospitals, specialty societies, and advocacy partners to oppose the measure. The message was delivered clearly to legislators, to the media, and to the public. That message carried. The proposal failed. **This outcome is proof of what is possible when physicians stand together. It is a reminder that advocacy can succeed, even when the odds are long.**

On Medicaid, the state budget passed by the legislature includes an increase in physician payment rates. The exact amount and structure of these increases are still being finalized. While the increase is not enough to completely undo 17 years of failed rate increases, it represents progress. It is also important to recognize the context. Connecticut is facing the possible loss of hundreds of millions of federal dollars due to federal changes in Medicaid financing. **Against that backdrop, any increase is a step forward and a sign that physician voices were heard.**

Throughout the session, CSMS ensured that physicians had a seat at the table. Legislators were reminded that while physicians are not the primary drivers of healthcare costs, we are often the ones expected to absorb the consequences. **We spoke openly about burnout, workforce shortages, and the challenges of sustaining medical practices under current conditions and outside pressures.** We talked about private equity, and how to curb bad actors while preserving physician autonomy. Lawmakers were reminded that access to care depends on meaningful investment in care delivery.

Federal decisions, budget constraints, and the political workings of the legislature are largely outside our control. Our response, however, is not. We can organize. We can speak out. We can demand better. We can prevail. This session underscored the value of CSMS membership. It demonstrated the power of physician advocacy. **When we stand together, we are not powerless.** *Thank you for standing with us.*

Khuram Ghumman, MD
President, Connecticut State Medical Society

THIS SESSION BY THE NUMBERS:

4000+
bills
introduced

203
bills passed
by the
legislature

200+
bills tracked
that impact
medicine

100+
responses to
CSMS Voter Voice
Campaigns

30+
legislative
testimonies
submitted
by CSMS

ADVOCACY CONTINUES

Just because the legislative session has ended doesn't mean advocacy is over. Many newly passed bills now move to state agencies like the Department of Social Services and the Department of Public Health for implementation. We will be actively engaged throughout this regulatory process to ensure these laws are enacted in ways that support and protect physicians. We may call on our physician advocates for input and assistance as these efforts continue.

GEARING UP FOR 2026: WHAT CAN YOU DO?

1

Become a CSMS Member/ Renew Your Membership

Scan the QR code below, or go to
csms.org/membership/joinrenew/



2

Have Coffee with Your Legislator

Talk to them about what it is like to be
a physician in Connecticut and the
concerns you have.

Half of the battle is developing
relationships with legislators!

Find your legislator at :

<https://www.cga.ct.gov/asp/menu/cgafindleg.asp>

3

Engage with Your Legislators on Social Media

Follow and engage with
your legislators and
Connecticut's legislative leaders
on various social media platforms.

Connecticut State Medical Society • www.CSMS.org
127 Washington Ave., East Building, Lower Level, North Haven, CT 06473
phone 203-865-0587 • fax 203-865-4997