

General Assembly

Committee Bill No. 31

January Session, 2019

LCO No. 5389



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by: (INS)

AN ACT CONCERNING SURPRISE MEDICAL BILLS FOR LABORATORY SERVICES.

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

- 1 Section 1. Subsection (a) of section 38a-477aa of the general statutes
- 2 is repealed and the following is substituted in lieu thereof (Effective
- 3 January 1, 2020):
- 4 (a) As used in this section:
- 5 (1) "Emergency condition" has the same meaning as "emergency medical condition", as provided in section 38a-591a;
- 7 (2) "Emergency services" means, with respect to an emergency
- 8 condition, (A) a medical screening examination as required under
- 9 Section 1867 of the Social Security Act, as amended from time to time,
- 10 that is within the capability of a hospital emergency department,
- 11 including ancillary services routinely available to such department to
- 12 evaluate such condition, and (B) such further medical examinations
- 13 and treatment required under said Section 1867 to stabilize such
- 14 individual, that are within the capability of the hospital staff and
- 15 facilities;

- 16 (3) "Health care plan" means an individual or a group health 17 insurance policy or health benefit plan that provides coverage of the 18 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-19 469;
- 20 (4) "Health care provider" means an individual licensed to provide 21 health care services under chapters 370 to 373, inclusive, chapters 375 22 to 383b, inclusive, and chapters 384a to 384c, inclusive;
 - (5) "Health carrier" means an insurance company, health care center, hospital service corporation, medical service corporation, fraternal benefit society or other entity that delivers, issues for delivery, renews, amends or continues a health care plan in this state;
 - (6) (A) "Surprise bill" means a bill for health care services, other than emergency services, received by an insured for services rendered by an out-of-network health care provider, where such services were rendered by (i) such out-of-network provider at an in-network facility, during a service or procedure performed by an in-network provider or during a service or procedure previously approved or authorized by the health carrier and the insured did not knowingly elect to obtain such services from such out-of-network provider, or (ii) a clinical laboratory, as defined in section 19a-30, that is an out-of-network provider, upon the referral of an in-network provider.
 - (B) "Surprise bill" does not include a bill for health care services received by an insured when an in-network health care provider was available to render such services and the insured knowingly elected to obtain such services from another health care provider who was out-of-network.

This act shall sections:	l take effect as follo	ws and shall amend the following
Section 1	January 1, 2020	38a-477aa(a)

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INS Joint Favorable