



General Assembly

February Session, 2020

Raised Bill No. 323

LCO No. 2018



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

**AN ACT CONCERNING SURPRISE BILLING AND COST SHARING
FOR HEALTH CARE SERVICES PROVIDED BY OUT-OF-NETWORK
PROVIDERS AT IN-NETWORK FACILITIES.**

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

1 Section 1. Section 38a-477aa of the 2020 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective January 1, 2021*):

4 (a) As used in this section:

5 (1) "Emergency condition" has the same meaning as "emergency
6 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 and
13 treatment required under said Section 1867 to stabilize such individual,

14 that are within the capability of the hospital staff and facilities;

15 (3) "Health care plan" means an individual or a group health
16 insurance policy or health benefit plan that provides coverage of the
17 type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-
18 469;

19 (4) "Health care provider" means an individual licensed to provide
20 health care services under chapters 370 to 373, inclusive, chapters 375 to
21 383b, inclusive, and chapters 384a to 384c, inclusive;

22 (5) "Health carrier" means an insurance company, health care center,
23 hospital service corporation, medical service corporation, fraternal
24 benefit society or other entity that delivers, issues for delivery, renews,
25 amends or continues a health care plan in this state;

26 (6) (A) "Surprise bill" means a bill for health care services [, other than
27 emergency services,] received by an insured for services rendered by an
28 out-of-network health care provider, where such services were rendered
29 by (i) such out-of-network provider at an in-network facility, during a
30 service or procedure performed by an in-network provider or during a
31 service or procedure previously approved or authorized by the health
32 carrier and the insured did not knowingly elect to obtain such services
33 from such out-of-network provider, or (ii) a clinical laboratory, as
34 defined in section 19a-30, that is an out-of-network provider, upon the
35 referral of an in-network provider.

36 (B) "Surprise bill" does not include a bill for health care services
37 received by an insured when an in-network health care provider was
38 available to render such services and the insured knowingly elected to
39 obtain such services from another health care provider who was out-of-
40 network.

41 (b) [(1)] No health carrier shall require prior authorization for
42 rendering emergency services to an insured.

43 [(2) No health carrier shall impose, for emergency services rendered

44 to an insured by an out-of-network health care provider, a coinsurance,
45 copayment, deductible or other out-of-pocket expense that is greater
46 than the coinsurance, copayment, deductible or other out-of-pocket
47 expense that would be imposed if such emergency services were
48 rendered by an in-network health care provider.

49 (3) (A) If emergency services were rendered to an insured by an out-
50 of-network health care provider, such health care provider may bill the
51 health carrier directly and the health carrier shall reimburse such health
52 care provider the greatest of the following amounts: (i) The amount the
53 insured's health care plan would pay for such services if rendered by an
54 in-network health care provider; (ii) the usual, customary and
55 reasonable rate for such services; or (iii) the amount Medicare would
56 reimburse for such services. As used in this subparagraph, "usual,
57 customary and reasonable rate" means the eightieth percentile of all
58 charges for the particular health care service performed by a health care
59 provider in the same or similar specialty and provided in the same
60 geographical area, as reported in a benchmarking database maintained
61 by a nonprofit organization specified by the Insurance Commissioner.
62 Such organization shall not be affiliated with any health carrier.

63 (B) Nothing in this subdivision shall be construed to prohibit such
64 health carrier and out-of-network health care provider from agreeing to
65 a greater reimbursement amount.]

66 (c) With respect to a surprise bill:

67 (1) An insured shall only be required to pay the applicable
68 coinsurance, copayment, deductible or other out-of-pocket expense that
69 would be imposed for such health care services if such services were
70 rendered by an in-network health care provider; and

71 (2) A health carrier shall reimburse the out-of-network health care
72 provider or insured, as applicable, for health care services rendered at
73 the in-network rate under the insured's health care plan as payment in
74 full, unless such health carrier and health care provider agree otherwise.

75 (d) If health care services were rendered to an insured by an out-of-
76 network health care provider and the health carrier failed to inform such
77 insured, if such insured was required to be informed, of the network
78 status of such health care provider pursuant to subdivision (3) of
79 subsection (d) of section 38a-591b, the health carrier shall not impose a
80 coinsurance, copayment, deductible or other out-of-pocket expense that
81 is greater than the coinsurance, copayment, deductible or other out-of-
82 pocket expense that would be imposed if such services were rendered
83 by an in-network health care provider.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2021	38a-477aa

Statement of Purpose:

To: (1) Expand the definition of "surprise bill" to include emergency health care services and nonemergency health care services; and (2) prohibit health carriers from charging out-of-network cost sharing for certain health care services provided by out-of-network health care providers at in-network facilities.

[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.]