

Raised Bill No. 340

February Session, 2020

LCO No. 1595



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by: (INS)

AN ACT CONCERNING COLLECTION EFFORTS BY HOSPITALS AND COLLECTION AGENTS AGAINST UNINSURED AND UNDERINSURED PATIENTS.

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

- 1 Section 1. Section 19a-673 of the general statutes is repealed and the
- 2 following is substituted in lieu thereof (*Effective October 1, 2020*):
- 3 (a) As used in this section:
- 4 (1) "Collection agent" has the same meaning as provided in section
- 5 <u>19a-509b.</u>
- 6 [(1)] (2) "Cost of providing services" means a hospital's published
- 7 charges at the time of billing, multiplied by the hospital's most recent
- 8 relationship of costs to charges as taken from the hospital's most recently
- 9 available annual financial filing with the unit.
- 10 (3) "High deductible health plan" has the same meaning as provided
- in Section 220(c)(2) or Section 223(c)(2) of the Internal Revenue Code of
- 12 1986, or any subsequent corresponding internal revenue code of the

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- 13 <u>United States</u>, as amended from time to time.
- [(2)] (4) "Hospital" [means an institution licensed by the Department
- 15 of Public Health as a short-term general hospital] has the same meaning
- 16 <u>as provided in section 19a-490</u>.
- 17 [(3)] (5) "Poverty income guidelines" means the poverty income
- 18 guidelines issued from time to time by the United States Department of
- 19 Health and Human Services.
- 20 (6) "Underinsured patient" means any person who is insured under a
- 21 high deductible health plan and liable for one or more hospital charges,
- 22 and whose income is at or below six hundred per cent of the poverty
- 23 income guidelines.
- 24 [(4)] (7) "Uninsured patient" means any person who is liable for one
- or more hospital charges whose income is at or below two hundred fifty
- 26 per cent of the poverty income guidelines who (A) has applied and been
- 27 denied eligibility for any medical or health care coverage provided
- 28 under the Medicaid program due to failure to satisfy income or other
- 29 eligibility requirements, and (B) is not eligible for coverage for hospital
- 30 services under the Medicare or CHAMPUS programs, or under any
- 31 Medicaid or health insurance program of any other nation, state,
- 32 territory or commonwealth, or under any other governmental or
- 33 privately sponsored health or accident insurance or benefit program
- 34 including, but not limited to, workers' compensation and awards,
- 35 settlements or judgments arising from claims, suits or proceedings
- 36 involving motor vehicle accidents or alleged negligence.
- 37 (b) (1) No hospital that has provided health care [services] to an
- 38 uninsured patient may collect from the uninsured patient more than the
- 39 cost of providing services.
- 40 (2) No hospital that has provided health care to an underinsured
- 41 patient on or after October 1, 2020, may collect from the underinsured
- 42 patient more than the cost of providing services plus interest at an
- 43 <u>annual rate that is not greater than the lesser of:</u>

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- (A) The weekly average one-year constant maturity yield of United
 States Treasury securities as published by the Board of Governors of the
 Federal Reserve System for the week preceding the date on which such
 underinsured patient first receives a bill for such health care if such
 average is equal to or greater than two per cent per annum;
- (B) A rate established by the executive director of the Office of Health
 Strategy, established under section 19a-754, and in effect on the date on
 which such underinsured patient first receives a bill for such health care
 if the Board of Governors of the Federal Reserve System discontinues
 the rate described in subparagraph (A) of this subdivision; or

54 (C) Five per cent.

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- (c) Each collection agent [, as defined in section 19a-509b,] engaged in collecting a debt from a patient arising from [services] <u>health care</u> provided at a hospital shall provide written notice to such patient as to whether the hospital deems the patient an insured patient, <u>underinsured patient</u> or [an] uninsured patient and the reasons for such determination.
- Sec. 2. Section 19a-673b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2020*):
 - (a) No hospital, as defined in section 19a-490, shall refer to a collection agent, as defined in section 19a-509b, or initiate an action against an individual patient or such patient's estate to collect fees arising from health care provided at a hospital:
 - (1) [on] On or after October 1, 2003, unless the hospital has [made a determination whether] determined that such individual patient is [(1)] an uninsured patient, as defined in section 19a-673, as amended by this act, [and (2) not eligible] who is ineligible for the hospital bed fund; [.] or
- 72 (2) On or after October 1, 2020, unless the hospital has determined 73 that such individual patient is:

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- 74 (A) An uninsured patient, as defined in said section 19a-673, as 75 amended by this act, who is ineligible for the hospital bed fund; or
- (B) An underinsured patient, as defined in said section 19a-673, as amended by this act, who is ineligible for the hospital bed fund and, if such underinsured patient has requested review of an adverse determination, as defined in section 38a-591a, for health care provided at such hospital, such underinsured patient has not received a final adverse determination, as defined in said section 38a-591a, for such health care.
- (b) On or after October 1, 2020, no hospital, as defined in section 19a 490, and no collection agent, as defined in section 19a-509b, that receives
 a referral from a hospital, shall:

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- (1) Report an individual patient to a credit rating agency, as defined in section 36a-695, for a period of one year beginning on the date that such patient first receives a bill for health care provided by the hospital to such patient on or after October 1, 2020;
- 90 (2) Initiate an action to foreclose a lien on an individual patient's 91 primary residence if the lien was filed to secure payment for health care 92 provided by the hospital to such patient on or after October 1, 2020; or
 - (3) Apply to a court for an execution against an individual patient's wages pursuant to section 52-361a, or otherwise seek to garnish such patient's wages, to collect payment for health care provided by the hospital to such patient on or after October 1, 2020, if such patient is eligible for the hospital bed fund.
 - [(b)] (c) Nothing in [this] <u>subsection (a) or (b) of this</u> section shall affect a hospital's ability to initiate an action against an individual patient or such patient's estate to collect coinsurance, deductibles or fees arising from <u>health</u> care provided at a hospital where such coinsurance, deductibles or fees may be eligible for reimbursement through awards, settlements or judgments arising from claims, suits or proceedings. In addition, nothing in [this section] <u>said subsections</u> shall affect a

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hospital's ability to initiate an action against an individual patient or such patient's estate where payment or reimbursement has been made, or likely is to be made, directly to the patient.

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Sec. 3. Section 19a-673d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2020*):

If, at any point in the debt collection process, whether before or after the entry of judgment, a hospital, [a consumer collection agency acting on behalf of the hospital, an attorney representing the hospital or any employee or agent of the hospital] as defined in section 19a-490, as amended by this act, or a collection agent, as defined in section 19a-509b, as amended by this act, becomes aware that a debtor from whom the hospital is seeking payment for [services] health care rendered receives information that the debtor has requested review of an adverse determination, as defined in section 38a-591a, for such health care and has not received a final adverse determination, as defined in said section 38a-591a, or is eligible for hospital bed funds, free or reduced price hospital services [,] or any other program which would result in the elimination of liability for the debt or reduction in the amount of such liability, [the] such hospital [, collection agency, attorney, employee or agent] or collection agent shall promptly discontinue all collection efforts against such debtor for such health care and refer the collection file for such health care to [the] such hospital [for determination of such eligibility. The until such hospital determines whether such debtor is eligible for such elimination or reduction or receives such final adverse determination. Such collection [effort] efforts shall not resume until such hospital makes such determination [is made] or such debtor receives such final adverse determination.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2020	19a-673
Sec. 2	October 1, 2020	19a-673b
Sec. 3	October 1, 2020	19a-673d

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Statement of Purpose:

To restrict (1) the amount that a hospital or collection agent may recover from an uninsured or underinsured patient for the unpaid cost of health care, and (2) the manner in which a hospital or collection agent may secure or recover payment for such unpaid cost.

[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.]

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