

General Assembly

January Session, 2019

Committee Bill No. 327



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by: (INS)

AN ACT REQUIRING HEALTH INSURANCE COVERAGE FOR MEDICALLY NECESSARY AMBULANCE SERVICES AT AN IN-NETWORK LEVEL AND PROHIBITING BALANCE BILLING FOR SUCH SERVICES.

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

- Section 1. Subsections (a) and (b) of section 20-7f of the general
 statutes are repealed and the following is substituted in lieu thereof
 (*Effective January 1, 2020*):
- 4 (a) For purposes of this section:

5 (1) "Request payment" includes, but is not limited to, submitting a 6 bill for services not actually owed or submitting for such services an 7 invoice or other communication detailing the cost of the services that is 8 not clearly marked with the phrase "This is not a bill".

9 (2) "Health care provider" means a person licensed to provide health 10 care services under chapters 370 to 373, inclusive, chapters 375 to 383b, 11 inclusive, chapters 384a to [384c] <u>384d</u>, inclusive, or chapter 400j.

12 (3) "Enrollee" means a person who has contracted for or who

participates in a health care plan for such enrollee or such enrollee'seligible dependents.

(4) "Coinsurance, copayment, deductible or other out-of-pocket
expense" means the portion of a charge for services covered by a health
care plan that, under the plan's terms, it is the obligation of the enrollee
to pay.

(5) "Health care plan" has the same meaning as provided insubsection (a) of section 38a-477aa.

(6) "Health carrier" has the same meaning as provided in subsection(a) of section 38a-477aa.

(7) "Emergency services" has the same meaning as provided insubsection (a) of section 38a-477aa.

25 (8) "Medically necessary ambulance services" has the same meaning
26 as that term is used in sections 38a-498 and 38a-525, as amended by
27 this act.

28 (b) It shall be an unfair trade practice in violation of chapter 735a for 29 any health care provider to request payment from an enrollee, other 30 than a coinsurance, copayment, deductible or other out-of-pocket 31 expense, for (1) health care services or a facility fee, as defined in 32 section 19a-508c, covered under a health care plan, (2) emergency 33 services covered under a health care plan and rendered by an out-of-34 network health care provider, [or] (3) a surprise bill, as defined in 35 section 38a-477aa, or (4) medically necessary ambulance services in an 36 amount that exceeds the amount allowed under section 38a-498 or 38a-37 525, as amended by this act.

Sec. 2. Subsection (a) of section 38a-498 of the general statutes is
repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):

41 (a) Each individual health insurance policy providing coverage of

42 the type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of 43 section 38a-469 delivered, issued for delivery, renewed, amended or 44 continued in this state shall provide coverage for medically necessary 45 ambulance services for persons covered by the policy at an in-network 46 level, including, but not limited to, at an in-network level of cost-47 sharing. The hospital policy shall be primary if a person is covered under more than one policy. The policy shall, as a minimum 48 49 requirement, cover such services whenever any person covered by the 50 contract is transported when medically necessary by ambulance to a 51 hospital. Such benefits shall be subject to any policy provision which 52 applies to other services covered by such policies, except that such 53 benefits shall be covered at an in-network level, including, but not 54 limited to, at an in-network level of cost-sharing. Notwithstanding any 55 other provision of this section, such policies shall not be required to 56 provide benefits in excess of the maximum allowable rate established 57 by the Department of Public Health in accordance with section 19a-58 177.

59 Sec. 3. Subsection (a) of section 38a-525 of the general statutes is 60 repealed and the following is substituted in lieu thereof (*Effective* 61 *January* 1, 2020):

62 (a) Each group health insurance policy providing coverage of the 63 type specified in subdivisions (1), (2), (4), (6), (11) and (12) of section 64 38a-469 delivered, issued for delivery, renewed, amended or continued 65 in this state shall provide coverage for medically necessary ambulance services for persons covered by the policy at an in-network level, 66 67 including, but not limited to, at an in-network level of cost-sharing. 68 The hospital policy shall be primary if a person is covered under more 69 than one policy. The policy shall, as a minimum requirement, cover 70 such services whenever any person covered by the contract is 71 transported when medically necessary by ambulance to a hospital. 72 Such benefits shall be subject to any policy provision which applies to 73 other services covered by such policies, except that such benefits shall 74 be covered at an in-network level, including, but not limited to, at an

- 75 <u>in-network level of cost-sharing</u>. Notwithstanding any other provision
- 76 of this section, such policies shall not be required to provide benefits in
- 77 excess of the maximum allowable rate established by the Department
- 78 of Public Health in accordance with section 19a-177.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2020	20-7f(a) and (b)
Sec. 2	January 1, 2020	38a-498(a)
Sec. 3	January 1, 2020	38a-525(a)

Statement of Purpose:

To require health insurance coverage for medically necessary ambulance services at an in-network level, including, but not limited to, at an in-network level of cost sharing, and prohibit balance billing for such services.

[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.]

Co-Sponsors: SEN. LOONEY, 11th Dist.

<u>S.B. 327</u>