
OLR Bill Analysis

SB 1048

AN ACT CONCERNING REIMBURSEMENTS FOR CERTAIN COVERED HEALTH BENEFITS.

SUMMARY

Starting July 1, 2022, this bill requires health carriers (e.g., health insurers and HMOs) and preferred provider networks that enter into, renew, or amend a contract with a health care provider to include in the contract a provision requiring equal reimbursement rates for covered outpatient services:

1. for all providers in the same geographic region (as determined by the insurance commissioner), regardless of the provider's employer or affiliation, if the services are reimbursed on a fee-for-services basis or as a standardized bundle of benefits (e.g., per diagnosis, condition, or procedure) and
2. regardless of the facility where the services are provided.

The bill applies to covered outpatient services that use a current procedural terminology evaluation and management (CPT E/M) code, current procedural terminology assessment and management (CPT A/M) code, or drug infusion code.

Additionally, the bill requires the (1) contracts to include a conspicuous statement that they comply with the bill's requirement and (2) insurance commissioner to adopt implementing regulations.

EFFECTIVE DATE: July 1, 2022

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable

Yea 14 Nay 4 (03/22/2021)

