



General Assembly

Amendment

January Session, 2021

LCO No. 6771



Offered by:
REP. WOOD, 29th Dist.

To: Subst. House Bill No. 6389

File No. 382

Cal. No. 295

"AN ACT CONCERNING EXPLANATIONS OF BENEFITS."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Section 38a-477d of the general statutes is repealed and the
4 following is substituted in lieu thereof (*Effective January 1, 2023*):

5 (a) Each insurer, health care center, hospital service corporation,
6 medical service corporation, fraternal benefit society or other entity that
7 delivers, issues for delivery, renews, amends or continues a health
8 insurance policy providing coverage of the type specified in
9 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 in this state,
10 shall:

11 (1) Make available to consumers, in an easily readable, accessible and
12 understandable format; [, the]

13 (A) The following information for each such policy: [(A)]

14 (i) Any coverage exclusions; [(B) any]

15 (ii) Any restrictions on the use or quantity of a covered benefit,
16 including on prescription drugs or drugs administered in a physician's
17 office or a clinic; [(C) a]

18 (iii) A specific description of how prescription drugs are included or
19 excluded from any applicable deductible, including a description of
20 other out-of-pocket expenses that apply to such drugs; [(D) the]

21 (iv) The specific dollar amount of any copayment and the percentage
22 of any coinsurance imposed on each covered benefit, including each
23 covered prescription drug; and [(E) information]

24 (v) Information regarding any process available to consumers, and all
25 documents necessary, to seek coverage of a noncovered outpatient
26 prescription drug; and

27 (B) With respect to explanations of benefits issued pursuant to
28 subsections (d) to (i), inclusive, of this section, a statement disclosing
29 that each consumer who is a covered individual and legally capable of
30 consenting to the provision of covered benefits under such policy may
31 specify that such insurer, center, corporation, society or entity, and each
32 third-party administrator, as defined in section 38a-720, providing
33 services to such insurer, center, corporation, society or entity, shall:

34 (i) Not issue explanations of benefits concerning covered benefits
35 provided to such consumer; or

36 (ii) (I) Issue explanations of benefits concerning covered benefits
37 provided to such consumer solely to such consumer; and

38 (II) Use a method specified by such consumer to issue such
39 explanations of benefits solely to such consumer, and provide sufficient
40 space in the statement for such consumer to specify a mailing address
41 or an electronic mail address for such insurer, center, corporation,
42 society, entity or third-party administrator to use to contact such
43 consumer concerning covered benefits provided to such consumer.

44 (2) Make available to consumers a way to determine accurately;

45 (A) [whether] Whether a specific prescription drug is available under
46 such policy's drug formulary;

47 (B) [the] The coinsurance, copayment, deductible or other out-of-
48 pocket expense applicable to such drug;

49 (C) [whether] Whether such drug is covered when dispensed by a
50 physician or a clinic;

51 (D) [whether] Whether such drug requires prior authorization or the
52 use of step therapy;

53 (E) [whether] Whether specific types of health care specialists are in-
54 network; and

55 (F) [whether] Whether a specific health care provider or hospital is
56 in-network.

57 (b) (1) Each insurer, health care center, hospital service corporation,
58 medical service corporation, fraternal benefit society or other entity
59 shall make the information and statement required under subsection (a)
60 of this section available to consumers at the time of enrollment and shall
61 post such information and statement on its Internet web site.

62 (2) The Connecticut Health Insurance Exchange, established
63 pursuant to section 38a-1081, shall post links on its Internet web site to
64 such information and statement for each qualified health plan that is
65 offered or sold through the exchange.

66 (c) The Insurance Commissioner shall post links on the Insurance
67 Department's Internet web site to any on-line tools or calculators to help
68 consumers compare and evaluate health insurance policies and plans.

69 (d) Except as provided in subsection (g) of this section, each insurer,
70 health care center, hospital service corporation, medical service
71 corporation, fraternal benefit society or other entity that delivers, issues
72 for delivery, renews, amends or continues a health insurance policy
73 described in subsection (a) of this section, and each third-party

74 administrator, as defined in section 38a-720, providing services to such
75 an insurer, center, corporation, society or entity, shall:

76 (1) Issue explanations of benefits to consumers who are covered
77 individuals under the policy; and

78 (2) Permit each consumer who is a covered individual under the
79 policy and legally capable of consenting to the provision of covered
80 benefits to specify, in writing, that such insurer, center, corporation,
81 society, entity or third-party administrator issue explanations of
82 benefits concerning covered benefits provided to such consumer solely
83 to such consumer, and specify, in writing, which of the following
84 methods such insurer, center, corporation, society, entity or third-party
85 administrator shall use to issue such explanations of benefits solely to
86 such consumer:

87 (A) Mailing such explanations of benefits to such consumer's mailing
88 address or another mailing address specified by such consumer; or

89 (B) Making such explanations of benefits available to such consumer
90 by electronic means and notifying such consumer by electronic means,
91 including, but not limited to, electronic mail, when such insurer, center,
92 corporation, society, entity or third-party administrator makes each
93 such explanation of benefits available to such consumer by electronic
94 means, provided making such explanations of benefits available to such
95 consumer by electronic means and notifying such consumer by
96 electronic means complies with all applicable federal and state laws and
97 regulations concerning data security, including, but not limited to, 45
98 CFR Part 160, as amended from time to time, and 45 CFR Part 164,
99 Subparts A and C, as amended from time to time.

100 (e) Each method specified by a consumer, in writing, pursuant to
101 subdivision (2) of subsection (d) of this section shall be valid until the
102 consumer submits a written specification to the insurer, center,
103 corporation, society, entity or third-party administrator for a different
104 method. Such insurer, center, corporation, society, entity or third-party
105 administrator shall comply with a written specification under this

106 subsection or subdivision (2) of subsection (d) of this section, as
107 applicable, not later than three business days after such insurer, center,
108 corporation, society, entity or third-party administrator receives such
109 specification.

110 (f) Each insurer, center, corporation, society, entity or third-party
111 administrator that receives a written specification from a consumer
112 pursuant to subdivision (2) of subsection (d) of this section or subsection
113 (e) of this section, as applicable, shall provide the consumer who made
114 such specification with written confirmation that such insurer, center,
115 corporation, society, entity or third-party administrator received such
116 specification, and advise such consumer, in writing, regarding the status
117 of such specification if such consumer contacts such insurer, center,
118 corporation, society, entity or third-party administrator, in writing,
119 regarding such specification.

120 (g) Each consumer who is a covered individual under a policy
121 described in subsection (a) of this section and is legally capable of
122 consenting to the provision of covered benefits may specify, in writing,
123 that the insurer, center, corporation, society or entity that delivered,
124 issued for delivery, renewed, amended or continued the policy, or a
125 third-party administrator providing services to such insurer, center,
126 corporation, society or entity, not issue explanations of benefits
127 pursuant to subsections (d) to (f), inclusive, of this section if such
128 explanations of benefits concern covered benefits that were provided to
129 such consumer. Such insurer, center, corporation, society, entity or
130 third-party administrator shall not require such consumer to provide
131 any explanation regarding the basis for such consumer's specification,
132 unless such explanation is required by applicable law or pursuant to an
133 order issued by a court of competent jurisdiction.

134 (h) Each insurer, center, corporation, society or entity that delivers,
135 issues for delivery, renews, amends or continues a policy described in
136 subsection (a) of this section, and each third-party administrator
137 providing services to such insurer, center, corporation, society or entity,
138 shall disclose to each consumer who is a covered individual under the

139 policy such consumer's ability to submit specifications pursuant to
 140 subsections (d) to (g), inclusive, of this section. Such disclosure shall be
 141 in plain language and displayed or printed, as applicable, clearly and
 142 conspicuously in all evidence of coverage documents, privacy
 143 communications, explanations of benefits and Internet web sites that are
 144 maintained by such insurer, center, corporation, society, entity or third-
 145 party administrator and accessible to consumers in this state.

146 (i) No insurer, center, corporation, society or entity that is subject to
 147 subsections (d) to (h), inclusive, of this section shall require a consumer
 148 or policyholder to waive any right to limit disclosure under subsections
 149 (d) to (h), inclusive, of this section as a precondition to delivering,
 150 issuing for delivery, renewing, amending or continuing a policy
 151 described in subsection (a) of this section to the consumer or
 152 policyholder. Nothing in this subsection or subsections (d) to (h),
 153 inclusive, of this section shall be construed to limit a consumer's or
 154 policyholder's ability to request review of an adverse determination. "

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2023	38a-477d