



House of Representatives

File No. 832

General Assembly

January Session, 2023

(Reprint of File No. 366)

House Bill No. 6833
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
May 26, 2023

**AN ACT CONCERNING ELECTRONIC NOTIFICATIONS TO
INSUREDS AND NOTICES OF TERMINATION OF HEALTH CARE
CONTRACTS.**

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

1 Section 1. Section 38a-477d of the general statutes is amended by
2 adding subsections (j) and (k) as follows (*Effective October 1, 2023*):

3 (NEW) (j) Notwithstanding the provisions with respect to
4 explanation of benefits set forth in subsections (d) to (h), inclusive, of
5 this section, each insurer, health care center, hospital service
6 corporation, medical service corporation, fraternal benefit society or
7 other entity that delivers, issues for delivery, renews, amends or
8 continues a health insurance policy providing coverage shall permit
9 each consumer who is a covered individual under the policy and legally
10 capable of consenting to the provision of covered benefits under such
11 policy to specify, in writing, that such insurer, health care center,
12 hospital service corporation, medical service corporation, fraternal

13 benefit society or other entity make all documents pertaining to
14 coverage available by electronic means, provided making such
15 documents available to such consumer by electronic means complies
16 with all applicable federal and state laws and regulations concerning
17 data security, including, but not limited to, 45 CFR Part 160, as amended
18 from time to time, and 45 CFR Part 164, Subparts A and C, as amended
19 from time to time.

20 (NEW) (k) Notwithstanding the provisions with respect to
21 explanation of benefits set forth in subsections (d) to (h), inclusive, of
22 this section, each insurer, health care center, hospital service
23 corporation, medical service corporation, fraternal benefit society or
24 other entity that delivers, issues for delivery, renews, amends or
25 continues a health insurance policy providing coverage may allow a
26 plan sponsor of a health insurance policy, on behalf of consumers who
27 are covered individuals under such policy, to consent to the
28 transmission of all communications pertaining to such policy by
29 electronic means, provided a covered individual may, at any time, opt
30 out of the electronic transmission of communications pertaining to such
31 policy.

32 Sec. 2. Subsection (g) of section 38a-472f of the general statutes, as
33 amended by section 1 of house bill 6782 of the current session, as
34 amended by House Amendment Schedule "A", is repealed and the
35 following is substituted in lieu thereof (*Effective from passage*):

36 (g) (1) (A) A health carrier and participating provider shall provide
37 not less than ninety days' written notice to each other of any intent to
38 terminate a contract between such health carrier and such participating
39 provider prior to the proposed date of termination or, in the case of a
40 nonrenewal, from the end of the contract period.

41 (B) A health carrier shall make a good faith effort to provide written
42 notice, not less than thirty days before the proposed date of termination
43 of the contract or, in the case of a nonrenewal, from the end of the
44 contract period, to all covered persons who are patients being treated on

45 a regular basis by or at the participating provider. The notice
46 requirements set forth in this subparagraph shall not apply if the health
47 carrier and participating provider agree, in writing, on an extension of
48 such contract for a period not to exceed one year.

49 (C) For each contract entered into, renewed, amended or continued
50 on or after July 1, [2024] 2023, between a health carrier and a
51 participating provider that is a hospital, as defined in section 38a-493, or
52 a parent corporation of a hospital or an intermediary of a hospital, if the
53 contract is not renewed or is terminated by either the health carrier or
54 the participating provider, the health carrier and the participating
55 provider shall continue to abide by the terms of such contract, including
56 reimbursement terms for all health care services and provisions
57 provided under such contract, for a period of sixty days from the date
58 of termination or, in the case of a nonrenewal, from the end of the
59 contract period. Except as otherwise agreed between such health carrier
60 and such participating provider, the reimbursement terms of any
61 contract entered into by such health carrier and such participating
62 provider during said sixty-day period shall be retroactive to the date of
63 termination or, in the case of a nonrenewal, the end date of the contract
64 period. This subparagraph shall not apply if the health carrier and
65 participating provider agree, in writing, to the termination or
66 nonrenewal of the contract and the health carrier and participating
67 provider provide the notices required under subparagraphs (A) and (B)
68 of this subdivision.

69 (2) (A) For the purposes of this subdivision:

70 (i) "Active course of treatment" means (I) a medically necessary,
71 ongoing course of treatment for a life-threatening condition, (II) a
72 medically necessary, ongoing course of treatment for a serious
73 condition, (III) medically necessary care provided during the second or
74 third trimester of pregnancy, or (IV) a medically necessary, ongoing
75 course of treatment for a condition for which a treating health care
76 provider attests that discontinuing care by such health care provider
77 would worsen the covered person's condition or interfere with

78 anticipated outcomes;

79 (ii) "Life-threatening condition" means a disease or condition for
80 which the likelihood of death is probable unless the course of such
81 disease or condition is interrupted;

82 (iii) "Serious condition" means a disease or condition that requires
83 complex ongoing care such as chemotherapy, radiation therapy or
84 postoperative visits, which the covered person is currently receiving;
85 and

86 (iv) "Treating provider" means a covered person's treating health care
87 provider or a facility at which a covered person is receiving treatment,
88 that is removed from or leaves a health carrier's network pursuant to
89 subdivision (1) of this subsection.

90 (B) (i) Each health carrier shall establish and maintain reasonable
91 procedures to transition a covered person, who is in an active course of
92 treatment with a participating health care provider or at a participating
93 facility that becomes a treating provider, to another participating
94 provider in a manner that provides for continuity of care.

95 (ii) In addition to the notice required under subparagraph (B) of
96 subdivision (1) of this subsection, the health carrier shall provide to such
97 covered person (I) a list of available participating providers in the same
98 geographic area as such covered person who are of the same health care
99 provider or facility type, and (II) the procedures for how such covered
100 person may request continuity of care as set forth in this subparagraph.

101 (iii) Such procedures shall provide that:

102 (I) Any request for a continuity of care period shall be made by the
103 covered person or the covered person's authorized representative;

104 (II) A request for a continuity of care period, made by a covered
105 person who meets the requirements under subparagraph (B)(i) of this
106 subdivision or such covered person's authorized representative and
107 whose treating provider was not removed from or did not leave the

108 network for cause, shall be reviewed by the health carrier's medical
109 director after consultation with such treating provider; and

110 (III) For a covered person who is in the second or third trimester of
111 pregnancy, the continuity of care period shall extend through the
112 postpartum period.

113 (iv) The continuity of care period for a covered person who is
114 undergoing an active course of treatment shall extend to the earliest of
115 the following: (I) Termination of the course of treatment by the covered
116 person or the treating provider; (II) ninety days after the date the
117 participating provider is removed from or leaves the network, unless
118 the health carrier's medical director determines that a longer period is
119 necessary; (III) the date that care is successfully transitioned to another
120 participating provider; (IV) the date benefit limitations under the health
121 benefit plan are met or exceeded; or (V) the date the health carrier
122 determines care is no longer medically necessary.

123 (v) The health carrier shall only grant a continuity of care period as
124 provided under subparagraph (B)(iv) of this subdivision if the treating
125 provider agrees, in writing, (I) to accept the same payment from such
126 health carrier and abide by the same terms and conditions as provided
127 in the contract between such health carrier and treating provider when
128 such treating provider was a participating provider, and (II) not to seek
129 any payment from the covered person for any amount for which such
130 covered person would not have been responsible if the treating provider
131 was still a participating provider.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2023</i>	38a-477d(j) and (k)
Sec. 2	<i>from passage</i>	38a-472f(g)

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill allows for electronic communication between health carriers and their insureds upon written consent of the covered individual or plan sponsor in certain cases, which has no fiscal impact to the state or municipalities as it pertains to communication between private parties.

The bill also makes a technical change related to contract termination between health carriers and certain health care providers, which is not expected to have a fiscal impact.

House "A" adds the provisions allowing a plan sponsor to consent to the electronic transmission of all communications and bringing forward the start date of certain contract rules, which has no anticipated fiscal impact to the state or municipalities.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**HB 6833 (as amended by House "A")******AN ACT CONCERNING ELECTRONIC NOTIFICATIONS TO INSUREDS.*****SUMMARY**

This bill requires health carriers (e.g., insurers and HMOs) that deliver, issue, renew, amend, or continue health insurance policies to allow insured individuals who are legally capable of consenting to a policy's covered benefits to elect, in writing, to receive insurance coverage documents electronically. When providing documents electronically, the carriers must comply with all applicable federal and state data security laws.

The bill also authorizes these health carriers to allow a health insurance policy plan sponsor to agree to electronic communications on behalf of insured individuals, so long as an insured individual can opt out of the electronic communications at any time.

Separately, the bill makes a change to HB 6782, as amended by House Amendment "A," to move up the operational date for certain provisions affecting contracts between health carriers and hospitals from July 1, 2024, to July 1, 2023. By law, when a contract between a health carrier and a hospital participating in the carrier's network or its parent corporation is terminated or not renewed, the carrier and hospital must continue to abide by the contract for an additional 60 days. For contracts entered into, renewed, amended, or continued on or after July 1, 2024, HB 6782 (1) applies this requirement to hospital intermediaries as well and (2) specifically requires that the contract terms the parties must continue abiding by for 60 days include the reimbursement terms for all

health care services. This bill instead applies these provisions to contracts entered into, renewed, amended, or continued on or after July 1, 2023.

*House Amendment "A" adds the (1) provision allowing plan sponsors to agree to electronic communications on behalf of insured individuals and (2) change to HB 6782.

EFFECTIVE DATE: October 1, 2023, except the change to HB 6782 is effective upon passage.

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable

Yea 12 Nay 0 (03/16/2023)