



General Assembly

Raised Bill No. 6782

January Session, 2023

LCO No. 4349



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

AN ACT CONCERNING NOTICES OF TERMINATION OF HEALTH CARE CONTRACTS.

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

1 Section 1. Subsection (g) of section 38a-472f of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2023*):

4 (g) (1) (A) A health carrier and participating provider shall provide
5 [at least] not less than ninety days' written notice [to each other before
6 the health carrier removes a participating provider from the network
7 or the participating provider leaves the network. Each participating
8 provider that receives a notice of removal or issues a departure notice
9 shall provide to the health carrier a list of such participating provider's
10 patients who are covered persons under a network plan of such health
11 carrier] of any intent to terminate a contract between such health
12 carrier and such participating provider on the end date of such
13 contract period. Upon receipt of any notice of intent to terminate such
14 contract by any health carrier or participating provider, such
15 participating provider shall provide to such health carrier a list of such

16 participating provider's patients who are covered persons under such
17 health carrier's network plan. In the event that any such notice is not
18 provided by either a participating provider or health carrier, such
19 contract shall either automatically renew or be extended.

20 (B) A health carrier shall make a good faith effort to provide written
21 notice, not later than thirty days [after the health carrier receives or
22 issues a written notice under subparagraph (A) of this subdivision]
23 before the date that such participating provider leaves or is removed
24 from such health carrier's network, to all covered persons who are
25 patients being treated on a regular basis by or at the participating
26 provider [being removed from or leaving the network,] irrespective of
27 whether such removal or departure is for cause.

28 (C) For each contract entered into, renewed, amended or continued
29 on or after July 1, [2018] 2024, between a health carrier and a
30 participating provider that is a hospital, as defined in section 38a-493,
31 or a parent corporation of a hospital or an intermediary, if the contract
32 is not renewed or is terminated by either the health carrier or the
33 participating provider, the health carrier and the participating
34 provider shall continue to abide by the terms of such contract,
35 including reimbursement terms for all health care services and
36 provisions provided under such contract, for a period of sixty days
37 from the date of termination or, in the case of a nonrenewal, from the
38 end of the contract period. Except as otherwise agreed between such
39 health carrier and such participating provider, the reimbursement
40 terms of any contract entered into by such health carrier and such
41 participating provider during said sixty-day period shall be retroactive
42 to the date of termination or, in the case of a nonrenewal, the end date
43 of the contract period. Such provider shall be deemed out-of-network
44 as of the date of contract termination. This subparagraph shall not
45 apply if the health carrier and participating provider agree, in writing,
46 to the termination or nonrenewal of the contract and the health carrier
47 and participating provider provide the notices required under
48 subparagraphs (A) and (B) of this subdivision.

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

50 (i) "Active course of treatment" means (I) a medically necessary,
51 ongoing course of treatment for a life-threatening condition, (II) a
52 medically necessary, ongoing course of treatment for a serious
53 condition, (III) medically necessary care provided during the second or
54 third trimester of pregnancy, or (IV) a medically necessary, ongoing
55 course of treatment for a condition for which a treating health care
56 provider attests that discontinuing care by such health care provider
57 would worsen the covered person's condition or interfere with
58 anticipated outcomes;

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

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

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

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

75 (ii) In addition to the notice required under subparagraph (B) of
76 subdivision (1) of this subsection, the health carrier shall provide to
77 such covered person (I) a list of available participating providers in the
78 same geographic area as such covered person who are of the same
79 health care provider or facility type, and (II) the procedures for how

80 such covered person may request continuity of care as set forth in this
81 subparagraph.

82 (iii) Such procedures shall provide that:

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

85 (II) A request for a continuity of care period, made by a covered
86 person who meets the requirements under subparagraph (B)(i) of this
87 subdivision or such covered person's authorized representative and
88 whose treating provider was not removed from or did not leave the
89 network for cause, shall be reviewed by the health carrier's medical
90 director after consultation with such treating provider; and

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

94 (iv) The continuity of care period for a covered person who is
95 undergoing an active course of treatment shall extend to the earliest of
96 the following: (I) Termination of the course of treatment by the covered
97 person or the treating provider; (II) ninety days after the date the
98 participating provider is removed from or leaves the network, unless
99 the health carrier's medical director determines that a longer period is
100 necessary; (III) the date that care is successfully transitioned to another
101 participating provider; (IV) the date benefit limitations under the
102 health benefit plan are met or exceeded; or (V) the date the health
103 carrier determines care is no longer medically necessary.

104 (v) The health carrier shall only grant a continuity of care period as
105 provided under subparagraph (B)(iv) of this subdivision if the treating
106 provider agrees, in writing, (I) to accept the same payment from such
107 health carrier and abide by the same terms and conditions as provided
108 in the contract between such health carrier and treating provider when
109 such treating provider was a participating provider, and (II) not to
110 seek any payment from the covered person for any amount for which

111 such covered person would not have been responsible if the treating
112 provider 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-472f(g)

INS *Joint Favorable*