



General Assembly

Amendment

January Session, 2005

LCO No. 7420

HB0691507420SDO

Offered by:

SEN. WILLIAMS, 29th Dist.

SEN. MCDONALD, 27th Dist.

SEN. LOONEY, 11th Dist.

SEN. CRISCO, 17th Dist.

SEN. GAFFEY, 13th Dist.

SEN. MURPHY, 16th Dist.

To: Subst. House Bill No. 6915

File No. 746

Cal. No. 540

"AN ACT CONCERNING PORTABILITY UNDER HEALTH CARE PLANS ISSUED THROUGH THE HEALTH REINSURANCE ASSOCIATION."

1 After the last section, add the following and renumber sections and
2 internal references accordingly:

3 "Sec. 501. (NEW) (*Effective October 1, 2005*) No health insurer, health
4 care center, hospital service corporation, medical service corporation
5 or fraternal benefit society that provides coverage under an individual
6 health insurance policy or contract for imaging services, including, but
7 not limited to, magnetic resonance imaging, computed axial
8 tomography or positron emission tomography, may impose a
9 copayment, deductible or other out-of-pocket expense for such
10 imaging services in any year by an amount in excess of one hundred
11 dollars per visit not to exceed three hundred fifty dollars per year for
12 all such imaging services combined.

13 Sec. 502. (NEW) (*Effective October 1, 2005*) No health insurer, health
14 care center, hospital service corporation, medical service corporation
15 or fraternal benefit society that provides coverage under a group
16 health insurance policy or contract for imaging services, including, but
17 not limited to, magnetic resonance imaging, computed axial
18 tomography or positron emission tomography, may impose a
19 copayment, deductible or other out-of-pocket expense for such
20 imaging services in any year by an amount in excess of one hundred
21 dollars per visit not to exceed three hundred fifty dollars per year for
22 all such imaging services combined."