



**House Bill No. 5189**

**Public Act No. 06-178**

***AN ACT REQUIRING THE DISCLOSURE OF FEE INFORMATION  
BY HEALTH INSURERS.***

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

Section 1. (NEW) (*Effective October 1, 2006*) (a) As used in this section: (1) "Contracting health organization" means (A) a managed care organization, as defined in section 38a-478 of the 2006 supplement to the general statutes, or (B) a preferred provider network, as defined in section 38a-479aa of the general statutes; and (2) "physician" means a physician or surgeon, chiropractor, podiatrist, psychologist or optometrist.

(b) Not later than October 1, 2007, each contracting health organization shall establish and implement a procedure reasonably designed to permit a physician, physician group or physician organization under contract with such contracting health organization to view, on a confidential basis, in a digital format or by electronic means, at the option of such organization, the fee-for-service dollar amount such organization reimburses pursuant to the organization's contract with the physician, physician group or physician organization for the fifty current procedural terminology codes most commonly performed by the physician, physician group or physician organization.

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(c) The procedure established by a contracting health organization shall also permit a physician, physician group or physician organization to request and view fee-for-service dollar amounts the contracting health organization reimburses for current procedural terminology codes for which a physician, physician group or physician organization actually bills or intends to bill the contracting health organization, provided such codes are within the physician's specialty or subspecialty.

(d) The provisions of subsections (b) and (c) of this section shall not apply to any physician, physician group or physician organization whose services are reimbursed in a manner that does not utilize current procedural terminology codes.

(e) The fee information received by a physician, physician group or physician organization is proprietary and shall be confidential, and the procedure adopted pursuant to this section may contain penalties for the unauthorized distribution of fee information, which may include termination from the contracting health organization network.

Sec. 2. (NEW) (*Effective October 1, 2006*) The chairpersons and ranking members of the joint standing committee of the General Assembly having cognizance of matters relating to insurance shall convene, at least two times each year, a group of physicians and managed care organizations, to discuss issues relative to contracting between physicians and managed care organizations, including issues relative to any national settlement agreements, to the extent permitted under such settlement agreements.

Approved June 9, 2006