



# House of Representatives

General Assembly

**File No. 281**

February Session, 2006

Substitute House Bill No. 5372

*House of Representatives, March 31, 2006*

The Committee on Insurance and Real Estate reported through REP. O'CONNOR of the 35th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

## ***AN ACT CONCERNING ACCESS TO IMAGING SERVICES.***

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

1 Section 1. (NEW) (*Effective October 1, 2006*) (a) No health insurer,  
2 health care center, hospital service corporation, medical service  
3 corporation or fraternal benefit society that provides coverage under  
4 an individual health insurance policy or contract for magnetic  
5 resonance imaging, computed axial tomography or positron emission  
6 tomography may (1) require total copayments in excess of seven  
7 hundred fifty dollars for all such in-network imaging services  
8 combined in any policy year, or (2) require a copayment in excess of  
9 two hundred dollars for each in-network positron emission  
10 tomography in any policy year, provided the physician ordering the  
11 imaging services and the physician rendering such services is not the  
12 same person or is not participating in the same group practice.

13 (b) The provisions of subsection (a) of this section shall not apply to  
14 a high deductible health plan as that term is used in subsection (f) of

15 section 38a-520 of the general statutes.

16 Sec. 2. (NEW) (*Effective October 1, 2006*) (a) No health insurer, health  
 17 care center, hospital service corporation, medical service corporation  
 18 or fraternal benefit society that provides coverage under a group  
 19 health insurance policy or contract for magnetic resonance imaging,  
 20 computed axial tomography or positron emission tomography may (1)  
 21 require total copayments in excess of seven hundred fifty dollars for all  
 22 such in-network imaging services combined in any policy year, or (2)  
 23 require a copayment in excess of two hundred dollars for each in-  
 24 network positron emission tomography in any policy year, provided  
 25 the physician ordering the imaging services and the physician  
 26 rendering such services is not the same person or participants in the  
 27 same group practice.

28 (b) The provisions of subsection (a) of this section shall not apply to  
 29 a high deductible health plan as that term is used in subsection (f) of  
 30 section 38a-520 of the general statutes.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2006</i>	New section
Sec. 2	<i>October 1, 2006</i>	New section

**Statement of Legislative Commissioners:**

The language in subdivision (1) of subsection (a) of sections 1 and 2 was restated for clarity and accuracy.

**INS**      *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

**OFA Fiscal Note**

**State Impact:**

Agency Affected	Fund-Effect
State Comptroller - Fringe Benefits	None

Note: GF=General Fund

**Municipal Impact:**

Municipalities	Effect	FY 07 \$	FY 08 \$
Various Municipalities	Potential Cost	Indeterminate	Indeterminate

**Explanation**

Since the imaging services addressed in the bill are covered in the state health plans without copayments, the bill has no fiscal impact to the state as an employer.

The bill’s impact on municipal health insurance costs will vary based on existing municipal coverage. To the extent that the total copayment limit under the bill impacts a municipality’s employee health insurance plan, there would be increased costs to the plan that cannot be determined.

**The Out Years**

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

**OLR Bill Analysis****sHB 5372*****AN ACT CONCERNING ACCESS TO IMAGING SERVICES.*****SUMMARY:**

This bill limits the total amount of copayments that can be imposed on a person for all magnetic resonance imaging (MRI), computed axial tomography (CAT scan), and positron emission tomography (PET scan) services performed in-network to \$750 in any policy year. It also limits the copayment amount that can be imposed for any single PET scan performed as an in-network service to \$200.

The bill's copayment limitations do not apply (1) if the physician ordering the MRI, CAT scan, or PET scan is the same physician performing the imaging service or in the same practice group as him and (2) to high deductible health plans designed to be compatible with federally-qualified health savings accounts.

The bill applies to health insurers, HMOs, hospital service corporations, medical service corporations, and fraternal benefit societies providing group or individual coverage for such imaging services.

EFFECTIVE DATE: October 1, 2006

**BACKGROUND*****Related Bill***

sSB 311 limits copayments, deductibles, and other out-of-pocket costs for MRIs, CAT scans, and PET scans to \$50 per visit and \$400 per year for all services combined.

**COMMITTEE ACTION**

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 19 Nay 0 (03/14/2006)