



**Substitute Senate Bill No. 1048**

**Public Act No. 09-206**

**AN ACT CONCERNING HEALTH CARE COST CONTROL INITIATIVES.**

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

Section 1. (NEW) (*Effective July 1, 2009*) (a) The Commissioners of Social Services and Administrative Services and the Comptroller, in consultation with the Commissioner of Public Health and the Insurance Commissioner, shall develop a plan to (1) implement and maintain a prescription drug purchasing program and procedures to aggregate or negotiate the purchase of pharmaceuticals for pharmaceutical programs benefiting state-administered general assistance, HUSKY Plan, Part B, Charter Oak Health Plan and ConnPACE recipients, inmates of the Department of Correction, and persons eligible for coverage under the group hospitalization and medical and surgical insurance plans procured under section 5-259 of the general statutes, and (2) have the state join an existing multistate Medicaid pharmaceutical purchasing pool. Such plan shall determine the feasibility of subjecting some or all of the component programs set forth in subdivision (1) of this subsection to the preferred drug lists adopted pursuant to section 17b-274d of the general statutes.

(b) The Commissioner of Social Services shall submit the plan authorized by subsection (a) of this section, including (1) a timetable

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for its implementation, (2) anticipated costs or savings resulting from its implementation and maintenance, (3) a timetable for achievement of any such savings, and (4) proposed legislative recommendations necessary to implement such plan to the joint standing committees of the General Assembly having cognizance of matters relating to public health and human services, not later than December 31, 2009, in accordance with the provisions of section 11-4a of the general statutes.

Sec. 2. (NEW) (*Effective January 1, 2010*) (a) As used in this section:

(1) "Hospital" means an acute care hospital that is subject to the federal inpatient prospective payment system described in 42 CFR 412; and

(2) "Outpatient surgical facility" has the same meaning as provided in section 19a-493b of the general statutes.

(b) No hospital or outpatient surgical facility shall seek payment for any increased costs that are incurred as the direct result of a hospital-acquired condition, identified as nonpayable by Medicare pursuant to Section 5001(c) of the Deficit Reduction Act of 2005. Except as otherwise provided by federal law or section 8 of public act 09-2, the provisions of this section shall apply irrespective of the patient's insurance status or source of payment, including self-pay status.

Sec. 3. (NEW) (*Effective October 1, 2009*) (a) A practitioner of the healing arts, as defined in section 20-1 of the general statutes, shall not charge, bill or otherwise solicit payment from any patient, client, customer or responsible third-party payor for performance of the technical component of computerized axial tomography, positron emission tomography or magnetic resonance imaging diagnostic imaging services if such services were not actually rendered by such practitioner of the healing arts or a person under his or her direct supervision. For purposes of this section, "responsible third-party

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payor" means any person or entity who is responsible for payment of computerized axial tomography, positron emission tomography or magnetic resonance imaging diagnostic imaging services provided to a patient.

(b) Radiological facilities or imaging centers performing the technical component of computerized axial tomography, positron emission tomography or magnetic resonance imaging diagnostic imaging services shall directly bill either the patient or the responsible third-party payor for such services. Radiological facilities or imaging centers shall not bill a practitioner of the healing arts who requests such services.

Approved July 8, 2009