"AN ACT CONCERNING BULK PURCHASING OF PRESCRIPTION DRUGS."

1 Strike line 24 in its entirety and substitute the following in lieu thereof:

3 "health and human services,"

4 In line 25, strike "agencies,"

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

7 "Sec. 501. Subsection (e) of section 19a-127n of the general statutes is repealed and the following is substituted in lieu thereof (Effective from passage):

(e) Information collected pursuant to this section shall not be disclosed pursuant to subsection (a) of section 1-210 at any time, and
information collected pursuant to this section shall not be subject to
subpoena or discovery or introduced into evidence in any judicial or
administrative proceeding except as otherwise specifically provided by
law. Nothing in this section shall be construed to: [limit] (1) Limit
access to or disclosure of investigative files, including any adverse
event report contained in such files, maintained by the department as
otherwise provided in section 19a-499; or (2) prohibit the
commissioner from sharing information collected pursuant to this
section with the Department of Social Services.

Sec. 502. (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. 503. Section 8 of public act 09-2 is repealed and the following is
substituted in lieu thereof (Effective from passage):

The Commissioner of Social Services shall amend the Medicaid state
plan to indicate that [approved inpatient hospital rates are not
applicable to] when reimbursement for inpatient hospital care includes
hospital-acquired conditions, that are identified as nonpayable by
Medicare pursuant to Section 5001(c) of the Deficit Reduction Act of
2005, so that hospitals are not paid for such hospital-acquired
conditions] such reimbursement shall be limited to the amount that
would have been paid had the hospital-acquired condition not been present.

Sec. 504. (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, 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 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."