



General Assembly

Amendment

January Session, 2009

LCO No. 8734

HB0652908734HDO

Offered by:

REP. FONTANA, 87th Dist.

SEN. CRISCO, 17th Dist.

To: Subst. House Bill No. 6529

File No. 311

Cal. No. 251

**"AN ACT CONCERNING THE LICENSING AND REGULATION OF
THIRD-PARTY ADMINISTRATORS."**

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

3 "Sec. 501. (NEW) (*Effective July 1, 2009*) (a) As used in this section:

4 (1) "Claims paid" means the amounts paid for the covered
5 employees of an employer or governmental entity by an insurer, health
6 care center, hospital service corporation, medical service corporation
7 or other entity as specified in subsection (b) of this section for medical
8 services and supplies and for prescriptions filled, but does not include
9 expenses for stop-loss coverage, reinsurance, enrollee educational
10 programs or other cost containment programs or features,
11 administrative costs or profit.

12 (2) "Employer" means any person, firm, corporation, limited liability
13 company, partnership or association actively engaged in business for

14 at least three consecutive months who, on at least fifty per cent of its
15 working days during the preceding twelve months, employed more
16 than fifty full-time employees.

17 (3) "Governmental entity" means a political subdivision of the state.

18 (4) "Utilization data" means (A) the aggregate number of procedures
19 or services performed for the covered employees of the employer or
20 governmental entity, by practice type and by service category, or (B)
21 the aggregate number of prescriptions filled, by prescription drug
22 name.

23 (b) (1) Each insurer, health care center, hospital service corporation,
24 medical service corporation or other entity delivering, issuing for
25 delivery, renewing, amending or continuing in this state any group
26 health insurance policy shall disclose to an employer or governmental
27 entity sponsoring such policy, upon request by such employer or
28 governmental entity, the following information for the most recent
29 thirty-six-month period or for the entire period of coverage, whichever
30 is shorter, ending not more than sixty days prior to the date of the
31 request, in a format as set forth in subsection (c) of this section:

32 (A) Complete and accurate medical, dental and pharmaceutical
33 utilization data, as applicable;

34 (B) Claims paid by year, aggregated by practice type and by service
35 category, each reported separately for in-network and out-of-network
36 providers, and the total number of claims paid;

37 (C) Premiums paid by such employer or governmental entity by
38 month; and

39 (D) The number of insureds by coverage tier, including, but not
40 limited to, single, two-person and family including dependents, by
41 month.

42 (2) Such insurer, health care center, hospital service corporation,

43 medical service corporation or other entity shall not be required to
44 provide such information to the employer or governmental entity
45 more than once in any twelve-month period.

46 (c) Each insurer, health care center, hospital service corporation,
47 medical service corporation or other entity as specified in subsection
48 (b) of this section that is requested by the employer or governmental
49 entity for the information set forth in subdivision (1) of subsection (b)
50 of this section shall provide such information: (1) In a written report;
51 (2) through an electronic file transmitted by secure electronic mail or a
52 file transfer protocol site; or (3) through a secure web site or web site
53 portal that is accessible by the employer or governmental entity
54 insured by such insurer, health care center, hospital service
55 corporation, medical service corporation or other entity.

56 (d) Each insurer, health care center, hospital service corporation,
57 medical service corporation or other entity as specified in subsection
58 (b) of this section shall include only health information that has had
59 identifiers removed, as set forth in 45 CFR 164.514, and is not
60 individually identifiable, as defined in 45 CFR 160.103, and is
61 permitted to be disclosed under the Health Insurance Portability and
62 Accountability Act of 1996, P.L. 104-191, as amended from time to
63 time, or regulations adopted thereunder.

64 (e) Any information submitted to a governmental entity in
65 accordance with this section shall be confidential by law and
66 privileged and shall not be subject to disclosure under section 1-210 of
67 the general statutes, subject to subpoena, or subject to discovery or be
68 admissible in evidence in any private civil action, except that an
69 employee organization, as defined in section 5-270 or 7-467 of the
70 general statutes, that is the exclusive bargaining representative of the
71 employees of a governmental entity shall be entitled to receive claim
72 information from such governmental entity in order to fulfill its duties
73 to bargain collectively pursuant to section 5-271 or 7-469 of the general
74 statutes.

75 (f) Information provided to an employer or governmental entity
76 pursuant to this section shall be used by such employer or
77 governmental entity only for the purposes of obtaining competitive
78 quotes for group health insurance or to promote wellness initiatives
79 for the employees of such employer or governmental entity."