



General Assembly

Substitute Bill No. 5004

February Session, 2010

* _____HB05004GAE___042810_____*

**AN ACT CONCERNING TRANSPARENCY IN HEALTH INSURANCE
CLAIMS DATA.**

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

- 1 Section 1. (NEW) (*Effective July 1, 2010*) (a) As used in this section:
- 2 (1) "Claims paid" means the amounts paid for the covered
3 employees of an employer by an insurer, health care center, hospital
4 service corporation, medical service corporation or other entity as
5 specified in subsection (b) of this section for medical services and
6 supplies and for prescriptions filled, but does not include expenses for
7 stop-loss coverage, reinsurance, enrollee educational programs or
8 other cost containment programs or features, administrative costs or
9 profit.
- 10 (2) "Employer" means any town, city, borough, school district,
11 taxing district or fire district employing more than fifty employees.
- 12 (3) "Utilization data" means (A) the aggregate number of procedures
13 or services performed for the covered employees of the employer, by
14 practice type and by service category, or (B) the aggregate number of
15 prescriptions filled for the covered employees of the employer, by
16 prescription drug name.
- 17 (b) Each insurer, health care center, hospital service corporation,

18 medical service corporation or other entity delivering, issuing for
19 delivery, renewing, amending or continuing in this state any group
20 health insurance policy providing coverage of the type specified in
21 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general
22 statutes shall:

23 (1) Disclose to an employer sponsoring such policy, upon request by
24 such employer, the following information for the most recent thirty-
25 six-month period or for the entire period of coverage, whichever is
26 shorter, ending not more than sixty days prior to the date of the
27 request, in a format as set forth in subdivision (3) of this subsection:

28 (A) Complete and accurate medical, dental and pharmaceutical
29 utilization data, as applicable;

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

33 (C) Premiums paid by such employer by month; and

34 (D) The number of insureds by coverage tier, including, but not
35 limited to, single, two-person and family including dependents, by
36 month;

37 (2) Include in such requested information specified in subdivision
38 (1) of this subsection only health information that has had identifiers
39 removed, as set forth in 45 CFR 164.514, is not individually
40 identifiable, as defined in 45 CFR 160.103, and is permitted to be
41 disclosed under the Health Insurance Portability and Accountability
42 Act of 1996, P.L. 104-191, as amended from time to time, or regulations
43 adopted thereunder; and

44 (3) Disclose such requested information (A) in a written report, (B)
45 through an electronic file transmitted by secure electronic mail or a file
46 transfer protocol site, or (C) through a secure web site or web site
47 portal that is accessible by such employer.

48 (c) Such insurer, health care center, hospital service corporation,
49 medical service corporation or other entity shall not be required to
50 provide such information to the employer more than once in any
51 twelve-month period.

52 (d) Information disclosed to an employer pursuant to this section
53 shall be used by such employer only for the purposes of obtaining
54 competitive quotes for group health insurance or to promote wellness
55 initiatives for the employees of such employer.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2010</i>	New section

JUD *Joint Favorable Subst.*

GAE *Joint Favorable*