



Substitute Senate Bill No. 396

Public Act No. 11-225

AN ACT CONCERNING INSURANCE COVERAGE FOR THE SCREENING AND TREATMENT OF PROSTATE CANCER AND PROHIBITING DIFFERENTIAL PAYMENT RATES TO HEALTH CARE PROVIDERS FOR COLONOSCOPY OR ENDOSCOPIC SERVICES BASED ON SITE OF SERVICE.

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

Section 1. Section 38a-492g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2012*):

Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state [on or after January 1, 2000,] shall provide coverage for: [laboratory]

(1) Laboratory and diagnostic tests, including, but not limited to, prostate specific antigen (PSA) tests, to screen for prostate cancer for men who are symptomatic [.] or whose biological father or brother has been diagnosed with prostate cancer, and for all men fifty years of age or older; [.] and

(2) The treatment of prostate cancer, provided such treatment is medically necessary and in accordance with guidelines established by

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the National Comprehensive Cancer Network, the American Cancer Society or the American Society of Clinical Oncology.

Sec. 2. Section 38a-518g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2012*):

Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued in this state [on or after January 1, 2000,] shall provide coverage for: [laboratory]

(1) Laboratory and diagnostic tests, including, but not limited to, prostate specific antigen (PSA) tests, to screen for prostate cancer for men who are symptomatic [] or whose biological father or brother has been diagnosed with prostate cancer, and for all men fifty years of age or older; [.] and

(2) The treatment of prostate cancer, provided such treatment is medically necessary and in accordance with guidelines established by the National Comprehensive Cancer Network, the American Cancer Society or the American Society of Clinical Oncology.

Sec. 3. (NEW) (*Effective October 1, 2011*) Each insurer, health care center, hospital service corporation, medical service corporation or fraternal benefit society that delivers, issues for delivery, renews, amends or continues an individual or group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes in this state, and contracts directly with a physician or physician group or physician organization to provide medical services under such policy shall, at such contracted physician's or physician's group's or physician's organization's request, establish a payment amount for the physician's professional services component of colonoscopy or endoscopic services

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covered under such policy, that is the same regardless of where the physician's professional services are performed. Such payment amount for the physician's professional services shall not be less than the amount that would otherwise be paid to such contracted physician or physician group or physician organization if the services are performed at a facility other than an outpatient surgical facility, as defined in section 19a-493b of the general statutes. Nothing in this section shall prohibit a contracted physician or physician group or physician organization from agreeing to a different payment methodology for colonoscopy or endoscopic services.

Approved July 13, 2011