



General Assembly

Amendment

January Session, 2011

LCO No. 5323

SB0092305323SR0

Offered by:
SEN. FASANO, 34th Dist.

To: Subst. Senate Bill No. 923

File No. 221

Cal. No. 165

**"AN ACT CONCERNING THE AMERICAN COLLEGE OF
RADIOLOGY AND COLORECTAL CANCER SCREENING
RECOMMENDATIONS."**

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

3 "Sec. 501. (NEW) (*Effective October 1, 2011*) Each insurer, health care
4 center, hospital service corporation, medical service corporation or
5 fraternal benefit society that delivers, issues for delivery, renews,
6 amends or continues an individual or group health insurance policy
7 providing coverage of the type specified in subdivisions (1), (2), (4),
8 (11) and (12) of section 38a-469 of the general statutes in this state, and
9 contracts directly with a physician or physician group or physician
10 organization to provide medical services under such policy shall, at
11 such contracted physician's or physician's group's or physician's
12 organization's request, establish a payment amount for the physician's
13 professional services component of colonoscopy or endoscopic services
14 covered under such policy, that is the same regardless of where the
15 physician's professional services are performed. Such payment amount

16 for the physician's professional services shall not be less than the
17 amount that would otherwise be paid to such contracted physician or
18 physician group or physician organization if the services are
19 performed at a facility other than an outpatient surgical facility, as
20 defined in section 19a-493b of the general statutes. Nothing in this
21 section shall prohibit a contracted physician or physician group or
22 physician organization from agreeing to a different payment
23 methodology for colonoscopy or endoscopic services."