



# House of Representatives

**File No. 847**

General Assembly

January Session, 2013

**(Reprint of File No. 94)**

House Bill No. 6478  
As Amended by House Amendment  
Schedules "A" and "B"

Approved by the Legislative Commissioner  
May 23, 2013

**AN ACT CONCERNING THE CLAIMS DATA PROVIDED TO CERTAIN EMPLOYERS.**

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

1 Section 1. Section 38a-513f of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) As used in this section:

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

12 (2) "Employer" means any town, city, borough, school district,  
13 taxing district or fire district employing more than fifty employees.

14 (3) "Utilization data" means (A) the aggregate number of procedures  
15 or services performed for the covered employees of the employer, by  
16 practice type and by service category, or (B) the aggregate number of  
17 prescriptions filled for the covered employees of the employer, by  
18 prescription drug name.

19 (b) Each insurer, health care center, hospital service corporation,  
20 medical service corporation or other entity delivering, issuing for  
21 delivery, renewing, amending or continuing in this state any group  
22 health insurance policy providing coverage of the type specified in  
23 subdivisions (1), (2), (4), (11), (12) and (16) of section 38a-469 shall:

24 (1) Not later than October first, annually, provide to an employer  
25 sponsoring such policy, free of charge, the following information for  
26 the most recent thirty-six-month period or for the entire period of  
27 coverage, whichever is shorter, ending not more than sixty days prior  
28 to the date of the [request] provision of such information, in a format  
29 as set forth in subdivision (3) of this subsection:

30 (A) Complete and accurate medical, dental and pharmaceutical  
31 utilization data, as applicable;

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

35 (C) Premiums paid by such employer by month; [and]

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

39 (E) Written plan descriptions for all populations covered by such  
40 policy;

41 (2) Include in such information specified in subdivision (1) of this  
42 subsection only health information that has had identifiers removed, as  
43 set forth in 45 CFR 164.514, is not individually identifiable, as defined

44 in 45 CFR 160.103, and is permitted to be disclosed under the Health  
45 Insurance Portability and Accountability Act of 1996, P.L. 104-191, as  
46 amended from time to time, or regulations adopted thereunder; and

47 (3) Provide such information (A) in a written report, (B) through an  
48 electronic file transmitted by secure electronic mail or a file transfer  
49 protocol site, or (C) through a secure web site or web site portal that is  
50 accessible by such employer.

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

55 (d) (1) Except as provided in subdivision (2) of this subsection,  
56 information provided to an employer pursuant to subsection (b) of this  
57 section shall be used by such employer only for the purposes of  
58 obtaining competitive quotes for group health insurance or to promote  
59 wellness initiatives for the employees of such employer.

60 (2) Any employer may provide to the Comptroller upon request the  
61 information disclosed to such employer pursuant to subsection (b) of  
62 this section. The Comptroller shall maintain as confidential any such  
63 information.

64 (e) Any information provided to an employer in accordance with  
65 subsection (b) of this section or to the Comptroller in accordance with  
66 subdivision (2) of subsection (d) of this section shall not be subject to  
67 disclosure under section 1-210. An employee organization, as defined  
68 in section 7-467, that is the exclusive bargaining representative of the  
69 employees of such employer shall be entitled to receive annually claim  
70 information and the information set forth in subparagraphs (D) and (E)  
71 of subdivision (1) of subsection (b) of this section from such employer  
72 solely in order to fulfill its duties to bargain collectively on behalf of  
73 such employees of such employer pursuant to section 7-469. An  
74 employer shall provide such information to such employee  
75 organization not later than thirty days after a request by such

76 employee organization.

77 (f) If a subpoena or other similar demand related to information  
 78 provided pursuant to subsection (b) of this section is issued in  
 79 connection with a judicial proceeding to an employer that receives  
 80 such information, such employer shall immediately notify the insurer,  
 81 health care center, hospital service corporation, medical service  
 82 corporation or other entity that provided such information to such  
 83 employer of such subpoena or demand. Such insurer, health care  
 84 center, hospital service corporation, medical service corporation or  
 85 other entity shall have standing to file an application or motion with  
 86 the court of competent jurisdiction to quash or modify such subpoena.  
 87 Upon the filing of such application or motion by such insurer, health  
 88 care center, hospital service corporation, medical service corporation  
 89 or other entity, the subpoena or similar demand shall be stayed  
 90 without penalty to the parties, pending a hearing on such application  
 91 or motion and until the court enters an order sustaining, quashing or  
 92 modifying such subpoena or demand.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	38a-513f

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

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***OFA Fiscal Note******State Impact:*** None***Municipal Impact:*** None***Explanation***

This bill allows access to certain health claims data by non-state public employers. There is no fiscal impact.

House "A" and House "B" made technical and clarifying changes that had no fiscal impact.

***The Out Years******State Impact:*** None***Municipal Impact:*** None

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**OLR Bill Analysis****HB 6478 (as amended by House "A" and "B")\******AN ACT CONCERNING THE CLAIMS DATA PROVIDED TO CERTAIN EMPLOYERS.*****SUMMARY:**

This bill expands the information that insurers or similar entities must disclose to municipal employers that have more than 50 employees and sponsor a group health insurance policy. Under existing law, the information disclosed relates to services used, claims and premiums paid, and the number of people covered under the policy. The bill requires the information disclosed to also include written plan descriptions.

By law, the insurer or entity must provide the employer information free of charge by October 1 annually. The bill requires the information to be for the shorter of the (1) most recent 36 months or (2) entire coverage period ending within 60 days before the date the insurer or entity provides the information, instead of 60 days before the request for information.

Existing law entitles a collective bargaining unit representing a municipal employer's employees to receive claim information from the employer. The bill entitles the bargaining unit to also receive from the employer the number of people covered under the policy and the written plan descriptions. It specifies that a bargaining unit can receive information annually and only to fulfill its duties to bargain collectively on behalf of the employer's employees. Lastly, the bill requires the employer to provide the information to the bargaining unit within 30 days after receiving a request for it.

\*House Amendment "A" eliminates the bill's requirement that

insurers disclose the gender of insured people to municipal employers.

\*House Amendment "B" specifies that collective bargaining units can receive information from municipal employers annually and solely to fulfill their duties to bargain collectively on behalf of the employers' employees.

EFFECTIVE DATE: Upon passage

**COMMITTEE ACTION**

Insurance and Real Estate Committee

Joint Favorable

Yea 13 Nay 5 (03/07/2013)

Labor and Public Employees Committee

Joint Favorable

Yea 7 Nay 4 (04/16/2013)