



General Assembly

January Session, 2013

Raised Bill No. 992

LCO No. 3589



Referred to Committee on PUBLIC HEALTH

Introduced by:
(PH)

AN ACT CONCERNING VARIOUS REVISIONS TO THE OFFICE OF HEALTH CARE ACCESS STATUTES.

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

1 Section 1. Section 19a-649 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2013*):

3 (a) The office shall review annually the level of uncompensated care
4 provided by each hospital to the indigent. Each hospital shall file
5 annually with the office its policies regarding the provision of charity
6 care and reduced cost services to the indigent, excluding medical
7 assistance recipients, and its debt collection practices. A hospital shall
8 file its audited financial statements not later than February twenty-
9 eighth of each year. Not later than March thirty-first of each year, the
10 hospital shall file a verification of the hospital's net revenue for the
11 most recently completed fiscal year in a format prescribed by the
12 office.

13 (b) Each hospital shall annually report, along with data submitted
14 pursuant to subsection (a) of this section, (1) the number of applicants

15 for charity care and reduced cost services, (2) the number of approved
16 applicants, and (3) the total and average charges and costs of the
17 amount of charity care and reduced cost services provided.

18 (c) Each hospital recognized as a nonprofit organization under
19 Section 501(c)(3) of the Internal Revenue Code of 1986, or any
20 subsequent corresponding internal revenue code of the United States,
21 as amended from time to time, shall, along with data submitted
22 annually pursuant to subsection (a) of this section, submit to the office
23 (1) a complete copy of such hospital's most-recently completed Internal
24 Revenue Service form 990, including all parts and schedules; and (2) in
25 the form and manner prescribed by the office, data compiled to
26 prepare such hospital's community health needs assessment, as
27 required pursuant to Section 501(r) of the Internal Revenue Code of
28 1986, or any subsequent corresponding internal revenue code of the
29 United States, as amended from time to time.

30 Sec. 2. Subsection (a) of section 19a-653 of the general statutes is
31 repealed and the following is substituted in lieu thereof (*Effective*
32 *October 1, 2013*):

33 (a) Any person or health care facility or institution that is required
34 to file a certificate of need for any of the activities described in section
35 19a-638, and any person or health care facility or institution that is
36 required to file data or information under any public or special act or
37 under this chapter or sections 19a-486 to 19a-486h, inclusive, or any
38 regulation adopted or order issued under this chapter or said sections,
39 which wilfully fails to seek certificate of need approval for any of the
40 activities described in section 19a-638 or to so file within prescribed
41 time periods, shall be subject to a civil penalty of up to one thousand
42 dollars a day for each day such person or health care facility or
43 institution conducts any of the described activities without certificate
44 of need approval as required by section 19a-638 or for each day such
45 information is missing, incomplete or inaccurate. [Any health care
46 facility or provider that fails to complete the inventory questionnaire,

47 as required by section 19a-634, shall not be subject to civil penalties
48 under this section.] Any civil penalty authorized by this section shall
49 be imposed by the Department of Public Health in accordance with
50 subsections (b) to (e), inclusive, of this section.

51 Sec. 3. Subsection (b) of section 19a-681 of the general statutes is
52 repealed and the following is substituted in lieu thereof (*Effective*
53 *October 1, 2013*):

54 (b) If the billing detail by line item on a detailed patient bill does not
55 agree with the detailed schedule of charges on file with the office for
56 the date of service specified on the bill, the hospital shall be subject to a
57 civil penalty of five hundred dollars per occurrence payable to the
58 state not later than fourteen days after the date of notification. The
59 penalty shall be imposed in accordance with section 19a-653, as
60 amended by this act. The office may issue an order requiring such
61 hospital, not later than fourteen days after the date of notification of an
62 overcharge to a patient, to adjust the bill to be consistent with the
63 schedule of charges on file with the office for the date of service
64 specified on the detailed patient bill. For purposes of this section,
65 "detailed patient bill" means a patient billing statement that includes,
66 in each line item, the hospital's current pricemaster code, a description
67 of the charge and the cost of the charge.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2013</i>	19a-649
Sec. 2	<i>October 1, 2013</i>	19a-653(a)
Sec. 3	<i>October 1, 2013</i>	19a-681(b)

Statement of Purpose:

To require nonprofit hospitals to provide certain information to the Office of Health Care Access, to eliminate civil penalties for health care providers in section 19a-653 of the general statutes and to provide a definition of a "detailed patient bill".

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]