



General Assembly

January Session, 2013

Amendment

LCO No. 6168

HB0661206168HDO

Offered by:

REP. FAWCETT, 133rd Dist.
REP. HAMPTON, 16th Dist.
REP. STEINBERG, 136th Dist.

REP. REED, 102nd Dist.
REP. SRINIVASAN, 31st Dist.
REP. KUPCHICK, 132nd Dist.

To: Subst. House Bill No. 6612

File No. 378

Cal. No. 258

"AN ACT CONCERNING THE HEALTH INSURANCE GRIEVANCE PROCESS FOR ADVERSE DETERMINATIONS, THE OFFICE OF THE HEALTHCARE ADVOCATE AND MENTAL HEALTH PARITY COMPLIANCE CHECKS."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective October 1, 2013*) Each insurer or other
4 entity responsible for providing payment pursuant to an individual or
5 group health insurance policy delivered, issued for delivery, renewed,
6 amended or continued in this state for health care services provided to
7 an insured by an out-of-network provider shall, prior to making any
8 payment for such services, confirm with such provider whether such
9 insured has paid such provider for such services. If (1) such insured
10 has not paid such provider for such services, and (2) the insurer or
11 other entity responsible for providing payment sends payment to such
12 insured, it shall name as payees the insured and the out-of-network

13 provider jointly on the payment instrument."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2013</i>	New section