



General Assembly

January Session, 2013

Amendment

LCO No. 6596

HB0661206596HDO

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 for health care services
5 provided, pursuant to an individual or group health insurance policy
6 delivered, issued for delivery, renewed, amended or continued in this
7 state, to an insured by an out-of-network provider shall make payment
8 to such insured, unless such provider has submitted to the insurer an
9 authorization, signed by such insured, for direct payment to be made
10 to such provider. Such insured and provider may specify in such
11 authorization the period of time or number of visits for which such
12 authorization shall be valid."

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