



Senate

General Assembly

File No. 62

February Session, 2014

Senate Bill No. 198

Senate, March 19, 2014

The Committee on Insurance and Real Estate reported through SEN. CRISCO of the 17th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

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 Section 38a-513f of the general statutes is repealed and the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

INS *Joint Favorable*

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.

OFA Fiscal Note

State Impact: None

Municipal Impact:

Municipalities	Effect	FY 15 \$	FY 16 \$
Various Municipalities	STATE MANDATE - Cost	Minimal	Minimal

Explanation

The bill: 1) expands the amount of information regarding health insurance policies that municipal employers are required to provide to municipal collective bargaining units; and 2) requires municipalities to provide such information within 30 days after a request is made. There is a minimal cost to municipalities associated with printing the additional information.

The bill also expands reporting requirements of health insurers, which has no fiscal impact.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**SB 198*****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 current law, the insurers or entities must disclose information related to services used, claims and premiums paid, and the number of people covered under the policy. In addition, the bill requires them to disclose written plan descriptions.

The bill requires the information to apply to a period that ends no more than 60 days before the information is provided, rather than 60 days before it is requested. By law, the information must apply to the most recent 36 months or the entire period of insurance coverage, whichever is shorter.

By law, the insurer or entity must provide the employer information free of charge by October 1 annually. Current law 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 of the request for the information. The bill changes the end date for providing the information to 60 days from when the information is provided, rather than requested.

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.

EFFECTIVE DATE: Upon passage

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable

Yea 13 Nay 6 (03/06/2014)