



House of Representatives

General Assembly

File No. 375

January Session, 2015

Substitute House Bill No. 6867

House of Representatives, April 1, 2015

The Committee on Insurance and Real Estate reported through REP. MEGNA of the 97th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING HEALTH CARE PROVIDER NETWORK ADEQUACY.

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

1 Section 1. Section 38a-472f of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2015*):

3 Each insurer, health care center, managed care organization or other
4 entity that delivers, issues for delivery, renews, amends or continues
5 an individual or group health insurance policy or medical benefits
6 plan, and each preferred provider network, as defined in section 38a-
7 479aa, that contracts with a health care provider, as defined in section
8 38a-478, for the purposes of providing covered health care services to
9 its enrollees, shall maintain a network of such providers that is
10 consistent with the National Committee for Quality Assurance's
11 network adequacy requirements or URAC's provider network access
12 and availability standards. Each provider network shall be adequate to
13 meet the comprehensive needs of the enrollees of the insurer, health
14 care center, managed care organization or other entity and provide an

15 appropriate choice of health care providers sufficient to provide the
16 services covered under the policies or plans of such insurer, health care
17 center, managed care organization or other entity.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2015	38a-472f

INS *Joint Favorable Subst.*

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:** None**Explanation**

The bill sets adequacy standards for health care provider networks. As this concerns private insurance entities, there is no state or municipal fiscal impact.

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

OLR Bill Analysis

sHB 6867

AN ACT CONCERNING HEALTH CARE PROVIDER NETWORK ADEQUACY.

SUMMARY:

This bill requires certain insurers and other entities that provide health policies or medical benefits to maintain a network of health care providers adequate to:

1. meet the comprehensive needs of enrollees and
2. provide an appropriate choice of health care providers sufficient to provide covered services.

By law, networks must be consistent with (1) the National Committee for Quality Assurance's (NCQA) network adequacy requirements or (2) URAC's provider network access and availability standards. (URAC, formerly known as the Utilization Review Accreditation Commission, and NCQA are nonprofit health quality organizations).

These provisions apply to:

1. insurers, HMOs, managed care organizations, and other entities that deliver, issue, renew, amend, or continue an individual or group health insurance policy or medical benefits plan and
2. preferred provider networks that contract with health care providers to deliver health services to their enrollees.

EFFECTIVE DATE: October 1, 2015

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 16 Nay 2 (03/17/2015)