



General Assembly

January Session, 2015

Proposed Bill No. 813

LCO No. 3000



* 0 3 0 0 0 *

Referred to Committee on PUBLIC HEALTH

Introduced by:

SEN. LOONEY, 11th Dist.

SEN. FASANO, 34th Dist.

**AN ACT CONCERNING HEALTH CARE PRICE, COST AND QUALITY
TRANSPARENCY.**

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

- 1 That the general statutes be amended to require: (1) Each hospital to
2 be a complete member of the Leapfrog Group for the purpose of price
3 and quality transparency and to submit to the Connecticut Health
4 Insurance Exchange the same data it submits to the Leapfrog Group;
5 (2) the Connecticut Health Insurance Exchange to establish and
6 maintain a consumer health information web site (A) that contains
7 information comparing the quality, price and cost of health care
8 services, including, to the extent possible (i) comparative price and cost
9 information for the most common referral or prescribed services
10 categorized by payer and listed by facility, health care provider and
11 provider organization, (ii) comparative quality information by facility,
12 health care provider, provider organization or any other provider
13 grouping for each service or category of services for which
14 comparative price and cost information is provided, (iii) data
15 concerning health care-associated infections and serious reportable
16 events, (iv) definitions of common health insurance and medical terms

17 so consumers may compare health coverage and understand the terms
18 of their coverage, (v) a list of health care provider types, including
19 primary care physicians, nurse practitioners and physician assistants
20 and the types of services each type of health care provider is
21 authorized to provide, (vi) factors consumers should consider when
22 choosing an insurance product or provider group, including provider
23 network, premium, cost-sharing, covered services and tier information,
24 (vii) patient decision aids, (viii) a list of provider services that are
25 physically and programmatically accessible for persons with
26 disabilities, and (ix) descriptions of standard quality measures, (B) that
27 is designed to assist consumers in making informed decisions
28 regarding their medical care and informed choices among health care
29 providers, (C) that presents information in language and a format that
30 is understandable to the average consumer, and (D) the availability of
31 which is publicized to the general public; (3) each health care provider
32 to (A) within two business days prior to an admission, procedure or
33 service, and upon the request by a patient or prospective patient,
34 disclose to the patient or prospective patient, the allowed amount or
35 charge of the admission, procedure or service, including the amount of
36 any facility fee, (B) when scheduling an admission, procedure or
37 service, notify each patient of his or her right to request and obtain
38 information regarding the allowed amount or charge prior to the
39 admission, procedure or service and, upon request, provide such
40 information, (C) post notice of each patient's right to request and
41 obtain such information on charges in a conspicuous place in the
42 health care provider's office, such as the admissions desk, and include
43 such notice in the health care provider's first mailing to each patient;
44 (4) a health care provider who refers a patient to another health care
45 provider that is part of, or represented by, the same provider
46 organization to disclose that the health care providers are part of, or
47 represented by, the same provider organization; (5) the Department of
48 Social Services to submit All Payers Claims Database data to the
49 Connecticut Health Insurance Exchange; (6) each medical bill and
50 explanation of benefits submitted to a patient by a health care provider

51 or insurer to be in language that is clear to an average reader; (7) each
52 insurer to establish a toll-free telephone number and a web site that
53 enables consumers to request and obtain from the insurer, in real time,
54 the estimated or maximum allowed amount or charge for a proposed
55 admission, procedure or service and the estimated amount the insured
56 will be responsible for paying for an admission, procedure or service
57 that is a medically necessary covered benefit based on the information
58 available to the insurer at the time the request is made, including any
59 facility fee, copayment deductible, coinsurance or other out-of-pocket
60 amount for a covered health care benefit; (8) the Insurance Department
61 to adopt standard definitions for terms used by insurers to comply
62 with the provisions of subdivision (7) and a uniform icon, logo or other
63 identifying marker to facilitate accurate comparisons and for ease of
64 use of the web sites; (9) third-party payers to submit provider
65 reimbursement rates to the Connecticut Health Insurance Exchange;
66 and (10) health care providers to submit cost and charge information to
67 the Connecticut Health Insurance Exchange.

Statement of Purpose:

To promote health care cost and quality transparency in a consumer-friendly manner that empowers consumers to make informed decisions regarding their care.