



General Assembly

Amendment

February Session, 2016

LCO No. 5374



Offered by:

SEN. GERRATANA, 6th Dist.

REP. RITTER M., 1st Dist.

To: Subst. Senate Bill No. 289

File No. 508

Cal. No. 333

"AN ACT CONCERNING HEALTH CARE SERVICES."

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

3 "Section 1. Subsection (e) of section 38a-1084a of the 2016
4 supplement to the general statutes is repealed and the following is
5 substituted in lieu thereof (*Effective from passage*):

6 (e) (1) On and after [January 1, 2017] one hundred eighty days after
7 the report described in subsection (c) of this section is initially made
8 available to the public on the Insurance Department's and Department
9 of Public Health's Internet web sites, each hospital shall, at the time of
10 scheduling a diagnosis or procedure for nonemergency care,
11 regardless of the location or setting where such services are delivered,
12 that is included in the report submitted to the exchange by the
13 Insurance Commissioner and the Commissioner of Public Health
14 pursuant to subsection (c) of this section, notify the patient of the
15 patient's right to make a request for cost and quality information.

16 Upon the request of a patient for a diagnosis or procedure included in
17 such report, the hospital shall, not later than three business days after
18 scheduling such diagnosis or procedure, provide written notice,
19 electronically or by mail, to the patient who is the subject of the
20 diagnosis or procedure concerning: (A) If the patient is uninsured, the
21 amount to be charged for the diagnosis or procedure if all charges are
22 paid in full without a public or private third party paying any portion
23 of the charges, including the amount of any facility fee, or, if the
24 hospital is not able to provide a specific amount due to an inability to
25 predict the specific treatment or diagnostic code, the estimated
26 maximum allowed amount or charge for the admission or procedure,
27 including the amount of any facility fee; (B) the corresponding
28 Medicare reimbursement amount or, if there is no corresponding
29 Medicare reimbursement amount for such diagnosis or procedure, (i)
30 the approximate amount Medicare would have paid the hospital for
31 the services on the billing statement, or (ii) the percentage of the
32 hospital's charges that Medicare would have paid the hospital for the
33 services; (C) if the patient is insured, the allowed amount the toll-free
34 telephone number and the Internet web site address of the patient's
35 health carrier where the patient can obtain information concerning
36 charges and out-of-pocket costs; (D) The Joint Commission's composite
37 accountability rating and the Medicare hospital compare star rating for
38 the hospital, as applicable; and (E) the Internet web site addresses for
39 The Joint Commission and the Medicare hospital compare tool where
40 the patient may obtain information concerning the hospital.

41 (2) If the patient is insured and the hospital is out-of-network under
42 the patient's health insurance policy, such written notice shall include
43 a statement that the diagnosis or procedure will likely be deemed out-
44 of-network and that any out-of-network applicable rates under such
45 policy may apply.

46 Sec. 2. Subsections (d) to (g), inclusive, of section 19a-508c of the
47 2016 supplement to the general statutes are repealed and the following
48 is substituted in lieu thereof (*Effective from passage*):

49 (d) On and after January 1, 2016, each initial billing statement that
50 includes a facility fee shall: (1) Clearly identify the fee as a facility fee
51 that is billed in addition to, or separately from, any professional fee
52 billed by the provider; (2) provide the corresponding Medicare facility
53 fee reimbursement rate for the same service as a comparison or, if there
54 is no corresponding Medicare facility fee for such service, (A) the
55 approximate amount Medicare would have paid the hospital for the
56 facility fee on the billing statement, or (B) the percentage of the
57 hospital's charges that Medicare would have paid the hospital for the
58 facility fee; (3) include a statement that the facility fee is intended to
59 cover the hospital's or health system's operational expenses; (4) inform
60 the patient that the patient's financial liability may have been less if the
61 services had been provided at a facility not owned or operated by the
62 hospital or health system; and (5) include written notice of the patient's
63 right to request a reduction in the facility fee or any other portion of
64 the bill and a telephone number that the patient may use to request
65 such a reduction without regard to whether such patient qualifies for,
66 or is likely to be granted, any reduction.

67 (e) The written notice described in subsections (b) to (d), inclusive,
68 and (h) to (j), inclusive, of this section shall be in plain language and in
69 a form that may be reasonably understood by a patient who does not
70 possess special knowledge regarding hospital or health system facility
71 fee charges.

72 (f) (1) For nonemergency care, if a patient's appointment is
73 scheduled to occur ten or more days after the appointment is made,
74 such written notice shall be sent to the patient by first class mail,
75 encrypted electronic mail or a secure patient Internet portal not less
76 than three days after the appointment is made. If an appointment is
77 scheduled to occur less than ten days after the appointment is made or
78 if the patient arrives without an appointment, such notice shall be
79 hand-delivered to the patient when the patient arrives at the hospital-
80 based facility.

81 (2) For emergency care, such written notice shall be provided to the

82 patient as soon as practicable after the patient is stabilized in
83 accordance with the federal Emergency Medical Treatment and Active
84 Labor Act, 42 USC 1395dd, as amended from time to time, or is
85 determined not to have an emergency medical condition and before
86 the patient leaves the hospital-based facility. If the patient is
87 unconscious, under great duress or for any other reason unable to read
88 the notice and understand and act on his or her rights, the notice shall
89 be provided to the patient's representative as soon as practicable.

90 (g) Subsections (b) to (f), inclusive, and (k) of this section shall not
91 apply if a patient is insured by Medicare or Medicaid or is receiving
92 services under a workers' compensation plan established to provide
93 medical services pursuant to chapter 568.

94 Sec. 3. Section 38a-477e of the 2016 supplement to the general
95 statutes is repealed and the following is substituted in lieu thereof
96 (*Effective from passage*):

97 (a) On and after [July 1, 2016] January 1, 2017, each health carrier
98 shall maintain an Internet web site and toll-free telephone number that
99 enables consumers to request and obtain: (1) Information on in-
100 network costs for inpatient admissions, health care procedures and
101 services, including (A) the allowed amount for, at a minimum,
102 admissions and procedures reported to the exchange pursuant to
103 section 38a-1084a, as amended by this act, for each health care provider
104 in the state; (B) the estimated out-of-pocket costs that a consumer
105 would be responsible for paying for any such admission or procedure
106 that is medically necessary, including any facility fee, coinsurance,
107 copayment, deductible or other out-of-pocket expense; and (C) data or
108 other information concerning (i) quality measures for the health care
109 provider, (ii) patient satisfaction, to the extent such information is
110 available, (iii) a list of in-network health care providers, (iv) whether a
111 health care provider is accepting new patients, and (v) languages
112 spoken by health care providers; and (2) information on out-of-
113 network costs for inpatient admissions, health care procedures and
114 services.

115 (b) A health carrier shall advise the consumer when providing the
116 information on out-of-pocket costs that the amounts are estimates and
117 that the consumer's actual cost may vary due to health care provider
118 contractual changes, the need for unforeseen services that arise out of
119 the proposed admission or procedure or other circumstances.

120 (c) The provisions of this section shall not apply to a health carrier
121 with less than forty thousand covered lives in the state. If in any year, a
122 health carrier exceeds forty thousand covered lives in the state, the
123 provisions of this section shall begin to apply on January first in the
124 following year.

125 Sec. 4. (NEW) (*Effective from passage*) The Lieutenant Governor shall,
126 within existing resources, designate an individual to serve as Health
127 Information Technology Officer. The Health Information Technology
128 Officer shall be responsible for coordinating all state health
129 information technology initiatives and may seek private and federal
130 funds for staffing to support such initiatives.

131 Sec. 5. Section 17b-59a of the 2016 supplement to the general statutes
132 is repealed and the following is substituted in lieu thereof (*Effective*
133 *from passage*):

134 (a) As used in this section:

135 (1) "Electronic health information system" means an information
136 processing system, involving both computer hardware and software
137 that deals with the storage, retrieval, sharing and use of health care
138 information, data and knowledge for communication and decision
139 making, and includes: (A) An electronic health record that provides
140 access in real time to a patient's complete medical record; (B) a
141 personal health record through which an individual, and anyone
142 authorized by such individual, can maintain and manage such
143 individual's health information; (C) computerized order entry
144 technology that permits a health care provider to order diagnostic and
145 treatment services, including prescription drugs electronically; (D)
146 electronic alerts and reminders to health care providers to improve

147 compliance with best practices, promote regular screenings and other
148 preventive practices, and facilitate diagnoses and treatments; (E) error
149 notification procedures that generate a warning if an order is entered
150 that is likely to lead to a significant adverse outcome for a patient; and
151 (F) tools to allow for the collection, analysis and reporting of data on
152 adverse events, near misses, the quality and efficiency of care, patient
153 satisfaction and other healthcare-related performance measures.

154 (2) "Interoperability" means the ability of two or more systems or
155 components to exchange information and to use the information that
156 has been exchanged and includes: (A) The capacity to physically
157 connect to a network for the purpose of exchanging data with other
158 users; and (B) the capacity of a connected user to access, transmit,
159 receive and exchange usable information with other users.

160 (3) "Standard electronic format" means a format using open
161 electronic standards that: (A) Enable health information technology to
162 be used for the collection of clinically specific data; (B) promote the
163 interoperability of health care information across health care settings,
164 including reporting to local, state and federal agencies; and (C)
165 facilitate clinical decision support.

166 (b) The Commissioner of Social Services, in consultation with the
167 Health Information Technology Officer, shall (1) develop, throughout
168 the Departments of Developmental Services, Public Health, Correction,
169 Children and Families, Veterans' Affairs and Mental Health and
170 Addiction Services, uniform management information, uniform
171 statistical information, uniform terminology for similar facilities,
172 uniform electronic health information technology standards and
173 uniform regulations for the licensing of human services facilities, (2)
174 plan for increased participation of the private sector in the delivery of
175 human services, (3) provide direction and coordination to federally
176 funded programs in the human services agencies and recommend
177 uniform system improvements and reallocation of physical resources
178 and designation of a single responsibility across human services
179 agencies lines to eliminate duplication.

180 (c) The [Commissioner of Social Services] Health Information
181 Technology Officer, designated in accordance with section 4 of this act,
182 shall, in consultation with the Commissioner of Social Services and the
183 Health Information Technology Advisory Council, established
184 pursuant to section 17b-59f, as amended by this act, implement and
185 periodically revise the state-wide health information technology plan
186 established pursuant to this section and shall establish electronic data
187 standards to facilitate the development of integrated electronic health
188 information systems for use by health care providers and institutions
189 that receive state funding. Such electronic data standards shall: (1)
190 Include provisions relating to security, privacy, data content,
191 structures and format, vocabulary and transmission protocols; (2) limit
192 the use and dissemination of an individual's Social Security number
193 and require the encryption of any Social Security number provided by
194 an individual; (3) require privacy standards no less stringent than the
195 "Standards for Privacy of Individually Identifiable Health Information"
196 established under the Health Insurance Portability and Accountability
197 Act of 1996, P.L. 104-191, as amended from time to time, and contained
198 in 45 CFR 160, 164; (4) require that individually identifiable health
199 information be secure and that access to such information be traceable
200 by an electronic audit trail; (5) be compatible with any national data
201 standards in order to allow for interstate interoperability; (6) permit
202 the collection of health information in a standard electronic format;
203 and (7) be compatible with the requirements for an electronic health
204 information system.

205 (d) The [Commissioner of Social Services] Health Information
206 Technology Officer shall, within existing resources and in consultation
207 with the State Health Information Technology Advisory Council: (1)
208 Oversee the development and implementation of the State-wide
209 Health Information Exchange in conformance with section 17b-59d, as
210 amended by this act; (2) coordinate the state's health information
211 technology and health information exchange efforts to ensure
212 consistent and collaborative cross-agency planning and
213 implementation; and (3) serve as the state liaison to, and work

214 collaboratively with, the State-wide Health Information Exchange
215 established pursuant to section 17b-59d, as amended by this act, to
216 ensure consistency between the state-wide health information
217 technology plan and the State-wide Health Information Exchange and
218 to support the state's health information technology and exchange
219 goals.

220 (e) The state-wide health information technology plan, implemented
221 and periodically revised pursuant to subsection (c) of this section, shall
222 enhance interoperability to support optimal health outcomes and
223 include, but not be limited to (1) general standards and protocols for
224 health information exchange, and (2) national data standards to
225 support secure data exchange data standards to facilitate the
226 development of a state-wide, integrated electronic health information
227 system for use by health care providers and institutions that are
228 licensed by the state. Such electronic data standards shall (A) include
229 provisions relating to security, privacy, data content, structures and
230 format, vocabulary and transmission protocols, (B) be compatible with
231 any national data standards in order to allow for interstate
232 interoperability, (C) permit the collection of health information in a
233 standard electronic format, and (D) be compatible with the
234 requirements for an electronic health information system.

235 (f) Not later than February 1, [2016] 2017, and annually thereafter,
236 the [Commissioner of Social Services] Health Information Technology
237 Officer, in consultation with the State Health Information Technology
238 Advisory Council, shall report in accordance with the provisions of
239 section 11-4a to the joint standing committees of the General Assembly
240 having cognizance of matters relating to human services and public
241 health concerning: (1) The development and implementation of the
242 state-wide health information technology plan and data standards,
243 established and implemented by the [Commissioner of Social Services]
244 Health Information Technology Officer pursuant to this section; (2) the
245 establishment of the State-wide Health Information Exchange; and (3)
246 recommendations for policy, regulatory and legislative changes and
247 other initiatives to promote the state's health information technology

248 and exchange goals.

249 Sec. 6. Section 17b-59d of the 2016 supplement to the general
250 statutes is repealed and the following is substituted in lieu thereof
251 (*Effective from passage*):

252 (a) There shall be established a State-wide Health Information
253 Exchange to empower consumers to make effective health care
254 decisions, promote patient-centered care, improve the quality, safety
255 and value of health care, reduce waste and duplication of services,
256 support clinical decision-making, keep confidential health information
257 secure and make progress toward the state's public health goals.

258 (b) It shall be the goal of the State-wide Health Information
259 Exchange to: (1) Allow real-time, secure access to patient health
260 information and complete medical records across all health care
261 provider settings; (2) provide patients with secure electronic access to
262 their health information; (3) allow voluntary participation by patients
263 to access their health information at no cost; (4) support care
264 coordination through real-time alerts and timely access to clinical
265 information; (5) reduce costs associated with preventable
266 readmissions, duplicative testing and medical errors; (6) promote the
267 highest level of interoperability; (7) meet all state and federal privacy
268 and security requirements; (8) support public health reporting, quality
269 improvement, academic research and health care delivery and
270 payment reform through data aggregation and analytics; (9) support
271 population health analytics; (10) be standards-based; and (11) provide
272 for broad local governance that (A) includes stakeholders, including,
273 but not limited to, representatives of the Department of Social Services,
274 hospitals, physicians, behavioral health care providers, long-term care
275 providers, health insurers, employers, patients and academic or
276 medical research institutions, and (B) is committed to the successful
277 development and implementation of the State-wide Health
278 Information Exchange.

279 (c) All contracts or agreements entered into by or on behalf of the

280 state relating to health information technology or the exchange of
281 health information shall be consistent with the goals articulated in
282 subsection (b) of this section and shall utilize contractors, vendors and
283 other partners with a demonstrated commitment to such goals.

284 (d) (1) The [Commissioner of Social Services] Health Information
285 Technology Officer, designated in accordance with section 4 of this act,
286 in consultation with the Secretary of the Office of Policy and
287 Management and the State Health Information Technology Advisory
288 Council, established pursuant to section 17b-59f, as amended by this
289 act, shall, upon the approval by the State Bond Commission of bond
290 funds authorized by the General Assembly for the purposes of
291 establishing a State-wide Health Information Exchange, develop and
292 issue a request for proposals for the development, management and
293 operation of the State-wide Health Information Exchange. Such
294 request shall promote the reuse of any and all enterprise health
295 information technology assets, such as the existing Provider Directory,
296 Enterprise Master Person Index, Direct Secure Messaging Health
297 Information Service provider infrastructure, analytic capabilities and
298 tools that exist in the state or are in the process of being deployed. Any
299 enterprise health information exchange technology assets purchased
300 after the effective date of this section and prior to the implementation
301 of the State-wide Health Information Exchange shall be capable of
302 interoperability with a State-wide Health Information Exchange.

303 (2) Such request for proposals may require an eligible organization
304 responding to the request to: (A) Have not less than three years of
305 experience operating either a state-wide health information exchange
306 in any state or a regional exchange serving a population of not less
307 than one million that (i) enables the exchange of patient health
308 information among health care providers, patients and other
309 authorized users without regard to location, source of payment or
310 technology, (ii) includes, with proper consent, behavioral health and
311 substance abuse treatment information, (iii) supports transitions of
312 care and care coordination through real-time health care provider
313 alerts and access to clinical information, (iv) allows health information

314 to follow each patient, (v) allows patients to access and manage their
315 health data, and (vi) has demonstrated success in reducing costs
316 associated with preventable readmissions, duplicative testing or
317 medical errors; (B) be committed to, and demonstrate, a high level of
318 transparency in its governance, decision-making and operations; (C) be
319 capable of providing consulting to ensure effective governance; (D) be
320 regulated or administratively overseen by a state government agency;
321 and (E) have sufficient staff and appropriate expertise and experience
322 to carry out the administrative, operational and financial
323 responsibilities of the State-wide Health Information Exchange.

324 (e) Notwithstanding the provisions of subsection (d) of this section,
325 if, on or before January 1, 2016, the Commissioner of Social Services, in
326 consultation with the State Health Information Technology Advisory
327 Council, established pursuant to section 17b-59f, as amended by this
328 act, submits a plan to the Secretary of the Office of Policy and
329 Management for the establishment of a State-wide Health Information
330 Exchange consistent with subsections (a), (b) and (c) of this section,
331 and such plan is approved by the secretary, the commissioner may
332 implement such plan and enter into any contracts or agreements to
333 implement such plan.

334 (f) The [Department of Social Services] Health Information
335 Technology Officer shall have administrative authority over the State-
336 wide Health Information Exchange.

337 Sec. 7. Section 17b-59f of the 2016 supplement to the general statutes
338 is repealed and the following is substituted in lieu thereof (*Effective*
339 *from passage*):

340 (a) There shall be a State Health Information Technology Advisory
341 Council to advise the [Commissioner of Social Services] Health
342 Information Technology Officer, designated in accordance with section
343 4 of this act, in developing priorities and policy recommendations for
344 advancing the state's health information technology and health
345 information exchange efforts and goals and to advise the

346 [commissioner] Health Information Technology Officer in the
347 development and implementation of the state-wide health information
348 technology plan and standards and the State-wide Health Information
349 Exchange, established pursuant to section 17b-59d, as amended by this
350 act. The advisory council shall also advise the [commissioner] Health
351 Information Technology Officer regarding the development of
352 appropriate governance, oversight and accountability measures to
353 ensure success in achieving the state's health information technology
354 and exchange goals.

355 (b) The council shall consist of the following members:

356 (1) The Health Information Technology Officer, appointed in
357 accordance with section 4 of this act, or the Health Information
358 Technology Officer's designee;

359 ~~[(1)]~~ (2) The Commissioners of Social Services, Mental Health and
360 Addiction Services, Children and Families, Correction, Public Health
361 and Developmental Services, or the commissioners' designees;

362 ~~[(2)]~~ (3) The Chief Information Officer of the state, or the Chief
363 Information Officer's designee;

364 ~~[(3)]~~ (4) The chief executive officer of the Connecticut Health
365 Insurance Exchange, or the chief executive officer's designee;

366 ~~[(4)]~~ (5) The director of the state innovation model initiative
367 program management office, or the director's designee;

368 ~~[(5)]~~ (6) The chief information officer of The University of
369 Connecticut Health Center, or said chief information officer's designee;

370 ~~[(6)]~~ (7) The Healthcare Advocate, or the Healthcare Advocate's
371 designee;

372 ~~[(7)]~~ (8) Five members appointed by the Governor, one each of
373 whom shall be (A) a representative of a health system that includes
374 more than one hospital, (B) a representative of the health insurance

375 industry, (C) an expert in health information technology, (D) a health
376 care consumer or consumer advocate, and (E) a current or former
377 employee or trustee of a plan established pursuant to subdivision (5) of
378 subsection (c) of 29 USC 186;

379 [(8) Two] (9) Three members appointed by the president pro
380 tempore of the Senate, one each who shall be (A) a representative of a
381 federally qualified health center, [and] (B) a provider of behavioral
382 health services, and (C) a representative of the Connecticut State
383 Medical Society;

384 [(9) Two] (10) Three members appointed by the speaker of the
385 House of Representatives, one each who shall be (A) a [representative
386 of an outpatient surgical facility, and] technology expert who
387 represents a hospital system, as defined in section 19a-486i, (B) a
388 provider of home health care services, and (C) a health care consumer
389 or a health care consumer advocate;

390 [(10)] (11) One member appointed by the majority leader of the
391 Senate, who shall be a representative of an independent community
392 hospital;

393 [(11)] (12) One member appointed by the majority leader of the
394 House of Representatives, who shall be a physician who provides
395 services in a multispecialty group and who is not employed by a
396 hospital;

397 [(12)] (13) One member appointed by the minority leader of the
398 Senate, who shall be a primary care physician who provides services in
399 a small independent practice;

400 [(13)] (14) One member appointed by the minority leader of the
401 House of Representatives, who shall be an expert in health care
402 analytics and quality analysis;

403 [(14)] (15) The president pro tempore of the Senate, or the
404 president's designee;

405 ~~[(15)]~~ ~~(16)~~ The speaker of the House of Representatives, or the
406 speaker's designee;

407 ~~[(16)]~~ ~~(17)~~ The minority leader of the Senate, or the minority leader's
408 designee; and

409 ~~[(17)]~~ ~~(18)~~ The minority leader of the House of Representatives, or
410 the minority leader's designee.

411 (c) Any member appointed or designated under subdivisions ~~[(8)]~~
412 ~~(9)~~ to ~~[(17)]~~ ~~(18)~~, inclusive, of subsection ~~[(c)]~~ ~~(b)~~ of this section may be
413 a member of the General Assembly.

414 (d) ~~[All appointments to the council shall be made not later than~~
415 ~~August 1, 2015. The Commissioner of Social Services shall schedule the~~
416 ~~first meeting of the council, which shall be held not later than~~
417 ~~September 1, 2015. The Commissioner of Social Services]~~ The Health
418 Information Technology Officer, appointed in accordance with section
419 4 of this act, shall serve as a chairperson of the council. The council
420 shall elect a second chairperson from among its members, who shall
421 not be a state official. ~~[The council shall meet not less than three times~~
422 ~~prior to January 1, 2016.]~~ The terms of the members shall be
423 coterminous with the terms of the appointing authority for each
424 member and subject to the provisions of section 4-1a. If any vacancy
425 occurs on the council, the appointing authority having the power to
426 make the appointment under the provisions of this section and shall
427 appoint a person in accordance with the provisions of this section. A
428 majority of the members of the council shall constitute a quorum.
429 Members of the council shall serve without compensation, but shall be
430 reimbursed for all reasonable expenses incurred in the performance of
431 their duties.

432 (e) Prior to submitting any application, proposal, planning
433 document or other request seeking federal grants, matching funds or
434 other federal support for health information technology or health
435 information exchange, the Health Information Technology Officer or
436 the Commissioner of Social Services shall present such application,

437 proposal, document or other request to the council for review and
 438 comment."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	38a-1084a(e)
Sec. 2	<i>from passage</i>	19a-508c(d) to (g)
Sec. 3	<i>from passage</i>	38a-477e
Sec. 4	<i>from passage</i>	New section
Sec. 5	<i>from passage</i>	17b-59a
Sec. 6	<i>from passage</i>	17b-59d
Sec. 7	<i>from passage</i>	17b-59f