



General Assembly

January Session, 2021

Raised Bill No. 1051

LCO No. 4520



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

AN ACT ESTABLISHING A TASK FORCE TO STUDY MEDICAL PRACTICE OWNERSHIP MODELS.

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

1 Section 1. (*Effective from passage*) (a) There is established a task force
2 to study the corporate practice of medicine doctrine, health carrier
3 ownership of medical practices located in this state and medical practice
4 ownership models that ensure the integrity of medical judgments,
5 optimize patient outcomes and minimize corporate influence and
6 interests. Such study shall include, but need not be limited to:

7 (1) An examination of:

8 (A) The extent to which health carriers have acquired, and are
9 acquiring, medical practices in this state;

10 (B) The medical practice ownership models emerging in this state;

11 (C) The effects that health carrier ownership of medical practices has
12 in this state, including, but not limited to, any effect on:

13 (i) Patient health outcomes;

- 14 (ii) Health care costs;
- 15 (iii) Provider network size;
- 16 (iv) Timely access to health care;
- 17 (v) Health care quality;
- 18 (vi) Patient outcome monitoring;
- 19 (vii) Health care providers;
- 20 (viii) Potential conflicts of interest in health care decision-making;
- 21 (ix) Administrative processes, efficiency and the benefits and costs
- 22 associated with such effect;
- 23 (x) Health care provider reporting requirements; and
- 24 (D) The effects that health carrier ownership of medical practices has
- 25 in this state in comparison to the effects that other medical practice
- 26 ownership models have in this state, including, but not limited to, a
- 27 comparison of effects on:
 - 28 (i) Patient health outcomes;
 - 29 (ii) Costs;
 - 30 (iii) Pricing;
 - 31 (iv) Efficiency; and
 - 32 (v) Quality of care;
- 33 (2) A benchmarking exercise to compare the effects of health carrier
- 34 ownership of medical practices in comparison to the effects of other
- 35 medical practice ownership models in this state, other states and across
- 36 states for the purpose of gathering as much data and information as
- 37 possible to make an evidence-based comparison; and

38 (3) Methods available to address the adverse impacts of certain
39 medical practice ownership models, including, but not limited to,
40 codifying the corporate practice of medicine doctrine in this state.

41 (b) Except as provided in subsection (d) of this section, the task force
42 shall consist of the following members:

43 (1) Two appointed by the speaker of the House of Representatives,
44 one of whom is a physician practicing in a privately-owned medical
45 practice and one of whom is a physician practicing in a health carrier-
46 owned medical practice;

47 (2) Two appointed by the president pro tempore of the Senate, one of
48 whom is a physician practicing in a federally qualified health center and
49 one of whom is a physician practicing in a hospital-owned or affiliated
50 medical practice;

51 (3) Two appointed by the majority leader of the House of
52 Representatives, one of whom has expertise in health economics,
53 insurance or pricing and one of whom has expertise analyzing health
54 care provider metrics for a health carrier;

55 (4) Two appointed by the majority leader of the Senate, one of whom
56 has expertise in public health policy and one of whom has expertise
57 analyzing health care provider metrics for a health care provider;

58 (5) Two appointed by the minority leader of the House of
59 Representatives, one of whom has a background in patient advocacy
60 and one of whom is an attorney who has experience practicing antitrust
61 law;

62 (6) Two appointed by the minority leader of the Senate, one of whom
63 has a background in health equity advocacy and one of whom has
64 expertise in medical ethics;

65 (7) The Comptroller, or the Comptroller's designee;

66 (8) The Insurance Commissioner, or the commissioner's designee;

67 (9) The Healthcare Advocate, or the Healthcare Advocate's designee;
68 and

69 (10) The executive director of the Office of Health Strategy, or the
70 executive director's designee.

71 (c) Any member of the task force appointed under subdivision (1),
72 (2), (3), (4), (5) or (6) of subsection (b) of this section may be a member
73 of the General Assembly.

74 (d) All initial appointments to the task force shall be made not later
75 than thirty days after the effective date of this section. If an appointing
76 authority fails to make an initial appointment under subdivision (1), (2),
77 (3), (4), (5) or (6) of subsection (b) of this section before the expiration of
78 such period, the chairs of the joint standing committee of the General
79 Assembly having cognizance of matters relating to insurance shall
80 jointly make such initial appointment and the member appointed by the
81 chairs shall serve until the appointing authority appoints a member to
82 replace the member initially appointed by the chairs. Any member
83 appointed by the chairs pursuant to this subsection may be a member of
84 the General Assembly. Except as otherwise provided in this subsection,
85 any vacancy shall be filled by the appointing authority.

86 (e) The speaker of the House of Representatives and the president pro
87 tempore of the Senate shall select the chairpersons of the task force from
88 among the members of the task force. Such chairpersons shall schedule
89 the first meeting of the task force, which shall be held not later than sixty
90 days after the effective date of this section.

91 (f) The administrative staff of the joint standing committee of the
92 General Assembly having cognizance of matters relating to insurance
93 shall serve as administrative staff of the task force.

94 (g) Not later than January 1, 2022, the task force shall submit a report
95 on its findings and recommendations to the joint standing committees
96 of the General Assembly having cognizance of matters relating to
97 human services, insurance and public health in accordance with the

98 provisions of section 11-4a of the general statutes. The task force shall
99 terminate on the date that it submits such report or January 1, 2022,
100 whichever is later.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	<i>from passage</i>	New section
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Statement of Purpose:

To establish a task force to study medical practice ownership models.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]