



General Assembly

January Session, 2023

***Raised Bill No. 6782***

LCO No. 4349



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:  
(INS)

***AN ACT CONCERNING NOTICES OF TERMINATION OF HEALTH CARE CONTRACTS.***

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

1 Section 1. Subsection (g) of section 38a-472f of the general statutes is  
2 repealed and the following is substituted in lieu thereof (*Effective October*  
3 *1, 2023*):

4 (g) (1) (A) A health carrier and participating provider shall provide  
5 [at least] not less than ninety days' written notice [to each other before  
6 the health carrier removes a participating provider from the network or  
7 the participating provider leaves the network. Each participating  
8 provider that receives a notice of removal or issues a departure notice  
9 shall provide to the health carrier a list of such participating provider's  
10 patients who are covered persons under a network plan of such health  
11 carrier] of any intent to terminate a contract between such health carrier  
12 and such participating provider on the end date of such contract period.  
13 Upon receipt of any notice of intent to terminate such contract by any  
14 health carrier or participating provider, such participating provider  
15 shall provide to such health carrier a list of such participating provider's

16 patients who are covered persons under such health carrier's network  
17 plan. In the event that any such notice is not provided by either a  
18 participating provider or health carrier, such contract shall either  
19 automatically renew or be extended.

20 (B) A health carrier shall make a good faith effort to provide written  
21 notice, not later than thirty days [after the health carrier receives or  
22 issues a written notice under subparagraph (A) of this subdivision]  
23 before the date that such participating provider leaves or is removed  
24 from such health carrier's network, to all covered persons who are  
25 patients being treated on a regular basis by or at the participating  
26 provider [being removed from or leaving the network,] irrespective of  
27 whether such removal or departure is for cause.

28 (C) For each contract entered into, renewed, amended or continued  
29 on or after July 1, [2018] 2024, between a health carrier and a  
30 participating provider that is a hospital, as defined in section 38a-493, or  
31 a parent corporation of a hospital or an intermediary, if the contract is  
32 not renewed or is terminated by either the health carrier or the  
33 participating provider, the health carrier and the participating provider  
34 shall continue to abide by the terms of such contract, including  
35 reimbursement terms for all health care services and provisions  
36 provided under such contract, for a period of sixty days from the date  
37 of termination or, in the case of a nonrenewal, from the end of the  
38 contract period. Except as otherwise agreed between such health carrier  
39 and such participating provider, the reimbursement terms of any  
40 contract entered into by such health carrier and such participating  
41 provider during said sixty-day period shall be retroactive to the date of  
42 termination or, in the case of a nonrenewal, the end date of the contract  
43 period. Such provider shall be deemed out-of-network as of the date of  
44 contract termination. This subparagraph shall not apply if the health  
45 carrier and participating provider agree, in writing, to the termination  
46 or nonrenewal of the contract and the health carrier and participating  
47 provider provide the notices required under subparagraphs (A) and (B)  
48 of this subdivision.

49 (2) (A) For the purposes of this subdivision:

50 (i) "Active course of treatment" means (I) a medically necessary,  
51 ongoing course of treatment for a life-threatening condition, (II) a  
52 medically necessary, ongoing course of treatment for a serious  
53 condition, (III) medically necessary care provided during the second or  
54 third trimester of pregnancy, or (IV) a medically necessary, ongoing  
55 course of treatment for a condition for which a treating health care  
56 provider attests that discontinuing care by such health care provider  
57 would worsen the covered person's condition or interfere with  
58 anticipated outcomes;

59 (ii) "Life-threatening condition" means a disease or condition for  
60 which the likelihood of death is probable unless the course of such  
61 disease or condition is interrupted;

62 (iii) "Serious condition" means a disease or condition that requires  
63 complex ongoing care such as chemotherapy, radiation therapy or  
64 postoperative visits, which the covered person is currently receiving;  
65 and

66 (iv) "Treating provider" means a covered person's treating health care  
67 provider or a facility at which a covered person is receiving treatment,  
68 that is removed from or leaves a health carrier's network pursuant to  
69 subdivision (1) of this subsection.

70 (B) (i) Each health carrier shall establish and maintain reasonable  
71 procedures to transition a covered person, who is in an active course of  
72 treatment with a participating health care provider or at a participating  
73 facility that becomes a treating provider, to another participating  
74 provider in a manner that provides for continuity of care.

75 (ii) In addition to the notice required under subparagraph (B) of  
76 subdivision (1) of this subsection, the health carrier shall provide to such  
77 covered person (I) a list of available participating providers in the same  
78 geographic area as such covered person who are of the same health care  
79 provider or facility type, and (II) the procedures for how such covered

80 person may request continuity of care as set forth in this subparagraph.

81 (iii) Such procedures shall provide that:

82 (I) Any request for a continuity of care period shall be made by the  
83 covered person or the covered person's authorized representative;

84 (II) A request for a continuity of care period, made by a covered  
85 person who meets the requirements under subparagraph (B)(i) of this  
86 subdivision or such covered person's authorized representative and  
87 whose treating provider was not removed from or did not leave the  
88 network for cause, shall be reviewed by the health carrier's medical  
89 director after consultation with such treating provider; and

90 (III) For a covered person who is in the second or third trimester of  
91 pregnancy, the continuity of care period shall extend through the  
92 postpartum period.

93 (iv) The continuity of care period for a covered person who is  
94 undergoing an active course of treatment shall extend to the earliest of  
95 the following: (I) Termination of the course of treatment by the covered  
96 person or the treating provider; (II) ninety days after the date the  
97 participating provider is removed from or leaves the network, unless  
98 the health carrier's medical director determines that a longer period is  
99 necessary; (III) the date that care is successfully transitioned to another  
100 participating provider; (IV) the date benefit limitations under the health  
101 benefit plan are met or exceeded; or (V) the date the health carrier  
102 determines care is no longer medically necessary.

103 (v) The health carrier shall only grant a continuity of care period as  
104 provided under subparagraph (B)(iv) of this subdivision if the treating  
105 provider agrees, in writing, (I) to accept the same payment from such  
106 health carrier and abide by the same terms and conditions as provided  
107 in the contract between such health carrier and treating provider when  
108 such treating provider was a participating provider, and (II) not to seek  
109 any payment from the covered person for any amount for which such  
110 covered person would not have been responsible if the treating provider

111 was still a participating provider.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2023	38a-472f(g)

**Statement of Purpose:**

To require notification to health carriers, participating providers and insureds regarding the termination of health care contracts between health carriers and health care providers.

*[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.]*