



General Assembly

**Amendment**

January Session, 2023

LCO No. 7622



Offered by:

REP. WOOD K., 29<sup>th</sup> Dist.

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To: House Bill No. 6782

File No. 362

Cal. No. 249

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

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

3 "Section 1. Subsection (g) of section 38a-472f of the general statutes is  
4 repealed and the following is substituted in lieu thereof (*Effective from*  
5 *passage*):

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

14 and such participating provider prior to the proposed date of  
15 termination or, in the case of a nonrenewal, from the end of the contract  
16 period.

17 (B) A health carrier shall make a good faith effort to provide written  
18 notice, not [later] less than thirty days [after the health carrier receives  
19 or issues a written notice under subparagraph (A) of this subdivision]  
20 before the proposed date of termination of the contract or, in the case of  
21 a nonrenewal, from the end of the contract period, to all covered persons  
22 who are patients being treated on a regular basis by or at the  
23 participating provider. [being removed from or leaving the network,  
24 irrespective of whether such removal or departure is for cause.] The  
25 notice requirements set forth in this subparagraph shall not apply if the  
26 health carrier and participating provider agree, in writing, on an  
27 extension of such contract for a period not to exceed one year.

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 of a hospital, if the  
32 contract is not renewed or is terminated by either the health carrier or  
33 the participating provider, the health carrier and the participating  
34 provider 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. This subparagraph shall not apply if the health carrier and  
44 participating provider agree, in writing, to the termination or  
45 nonrenewal of the contract and the health carrier and participating  
46 provider provide the notices required under subparagraphs (A) and (B)  
47 of this subdivision.

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

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

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

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

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

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

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

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

80 (iii) Such procedures shall provide that:

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

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

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

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

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

110 was still a participating provider."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	38a-472f(g)