



General Assembly

Amendment

January Session, 2023

LCO No. 7119



Offered by:

REP. WOOD K., 29th Dist.

REP. NUCCIO, 53rd Dist.

REP. BARRY, 31st Dist.

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4 repealed and the following is substituted in lieu thereof (*Effective October*
5 *1, 2023*):

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 of any intent to terminate a contract between such health carrier and
12 such participating provider prior to the proposed date of termination
13 or, in the case of a nonrenewal, from the end of the contract period.

14 Upon receipt of any notice of intent to terminate such contract or a
15 nonrenewal of such contract by any health carrier or participating
16 provider, such participating provider shall provide to [the] such health
17 carrier a list of such participating provider's patients who are covered
18 persons under a network plan of such health carrier.

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

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

48 provider provide the notices required under subparagraphs (A) and (B)
49 of this subdivision.

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

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

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

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

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

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

76 (ii) In addition to the notice required under subparagraph (B) of
77 subdivision (1) of this subsection, the health carrier shall provide to such

78 covered person (I) a list of available participating providers in the same
79 geographic area as such covered person who are of the same health care
80 provider or facility type, and (II) the procedures for how such covered
81 person may request continuity of care as set forth in this subparagraph.

82 (iii) Such procedures shall provide that:

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

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

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

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

104 (v) The health carrier shall only grant a continuity of care period as
105 provided under subparagraph (B)(iv) of this subdivision if the treating
106 provider agrees, in writing, (I) to accept the same payment from such
107 health carrier and abide by the same terms and conditions as provided
108 in the contract between such health carrier and treating provider when

109 such treating provider was a participating provider, and (II) not to seek
110 any payment from the covered person for any amount for which such
111 covered person would not have been responsible if the treating provider
112 was still a participating provider."

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