

General Assembly

Committee Bill No. 38

January Session, 2019

LCO No. 5468



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by: (INS)

## AN ACT REDUCING THE TIME FRAME FOR URGENT CARE ADVERSE DETERMINATION REVIEW REQUESTS AND EXPEDITED EXTERNAL REVIEWS.

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

- 1 Section 1. Subdivision (1) of subsection (c) of section 38a-591d of the
- 2 general statutes is repealed and the following is substituted in lieu
- 3 thereof (Effective January 1, 2020):
- 4 (1) (A) Unless the covered person or the covered person's
  - authorized representative has failed to provide information necessary
- 6 for the health carrier to make a determination and except as specified
- 7 under subparagraph (B) of this subdivision, the health carrier shall
- 8 make a determination as soon as possible, taking into account the
- 9 covered person's medical condition, but not later than [seventy-two]
- 10 <u>forty-eight</u> hours after the health carrier receives such request,
- 11 provided, if the urgent care request is a concurrent review request to
- 12 extend a course of treatment beyond the initial period of time or the
- 13 number of treatments, such request is made at least twenty-four hours
- 14 prior to the expiration of the prescribed period of time or number of

15 treatments.

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(B) Unless the covered person or the covered person's authorized representative has failed to provide information necessary for the health carrier to make a determination, for an urgent care request specified under subparagraph (B) or (C) of subdivision (38) of section 38a-591a, the health carrier shall make a determination as soon as possible, taking into account the covered person's medical condition, but not later than twenty-four hours after the health carrier receives such request, provided, if the urgent care request is a concurrent review request to extend a course of treatment beyond the initial period of time or the number of treatments, such request is made at least twenty-four hours prior to the expiration of the prescribed period of time or number of treatments.

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- Sec. 2. Subdivision (1) of subsection (d) of section 38a-591e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2020*):
- 31 (d) (1) The health carrier shall notify the covered person and, if 32 applicable, the covered person's authorized representative, in writing 33 or by electronic means, of its decision within a reasonable period of 34 time appropriate to the covered person's medical condition, but not 35 later than:
- 36 (A) For prospective review and concurrent review requests, thirty 37 calendar days after the health carrier receives the grievance;
- 38 (B) For retrospective review requests, sixty calendar days after the 39 health carrier receives the grievance;
- 40 (C) For expedited review requests, except as specified under 41 subparagraph (D) of this subdivision, [seventy-two] <u>forty-eight</u> hours 42 after the health carrier receives the grievance; and
  - (D) For expedited review requests of a health care service or course of treatment specified under subparagraph (B) or (C) of subdivision (38) of section 38a-591a, twenty-four hours after the health carrier

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- 46 receives the grievance.
- Sec. 3. Subdivision (1) of subsection (i) of section 38a-591g of the
- 48 general statutes is repealed and the following is substituted in lieu
- 49 thereof (*Effective January 1, 2020*):
- 50 (i) (1) The independent review organization shall notify the
- 51 commissioner, the health carrier, the covered person and, if applicable,
- 52 the covered person's authorized representative in writing of its
- decision to uphold, reverse or revise the adverse determination or the
- 54 final adverse determination, not later than:
- 55 (A) For external reviews, forty-five calendar days after such
- 56 organization receives the assignment from the commissioner to
- 57 conduct such review;
- 58 (B) For external reviews involving a determination that the
- 59 recommended or requested health care service or treatment is
- 60 experimental or investigational, twenty calendar days after such
- organization receives the assignment from the commissioner to
- 62 conduct such review;
- 63 (C) For expedited external reviews, except as specified under
- 64 subparagraph (D) of this subdivision, as expeditiously as the covered
- 65 person's medical condition requires, but not later than [seventy-two]
- 66 <u>forty-eight</u> hours after such organization receives the assignment from
- 67 the commissioner to conduct such review;
- (D) For expedited external reviews involving a health care service or
- 69 course of treatment specified under subparagraph (B) or (C) of
- subdivision (38) of section 38a-591a, as expeditiously as the covered
- 71 person's medical condition requires, but not later than twenty-four
- 72 hours after such organization receives the assignment from the
- 73 commissioner to conduct such review; and
- 74 (E) For expedited external reviews involving a determination that
- 75 the recommended or requested health care service or treatment is

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76 experimental or investigational, as expeditiously as the covered

77 person's medical condition requires, but not later than five calendar

78 days after such organization receives the assignment from the

79 commissioner to conduct such review.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2020	38a-591d(c)(1)
Sec. 2	January 1, 2020	38a-591e(d)(1)
Sec. 3	January 1, 2020	38a-591g(i)(1)

## Statement of Purpose:

To reduce the time frame for urgent care adverse determination review requests and expedited external reviews from seventy-two to forty-eight hours.

[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.]

Co-Sponsors: SEN. LOONEY, 11th Dist.

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