



General Assembly

January Session, 2019

Committee Bill No. 38

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2 general statutes is repealed and the following is substituted in lieu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
5 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 forty-eight 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.

16 (B) Unless the covered person or the covered person's authorized
17 representative has failed to provide information necessary for the
18 health carrier to make a determination, for an urgent care request
19 specified under subparagraph (B) or (C) of subdivision (38) of section
20 38a-591a, the health carrier shall make a determination as soon as
21 possible, taking into account the covered person's medical condition,
22 but not later than twenty-four hours after the health carrier receives
23 such request, provided, if the urgent care request is a concurrent
24 review request to extend a course of treatment beyond the initial
25 period of time or the number of treatments, such request is made at
26 least twenty-four hours prior to the expiration of the prescribed period
27 of time or number of treatments.

28 Sec. 2. Subdivision (1) of subsection (d) of section 38a-591e of the
29 general statutes is repealed and the following is substituted in lieu
30 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~~] forty-eight hours
42 after the health carrier receives the grievance; and

43 (D) For expedited review requests of a health care service or course
44 of treatment specified under subparagraph (B) or (C) of subdivision
45 (38) of section 38a-591a, twenty-four hours after the health carrier
46 receives the grievance.

47 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
53 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
61 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 forty-eight hours after such organization receives the assignment from
67 the commissioner to conduct such review;

68 (D) For expedited external reviews involving a health care service or
69 course of treatment specified under subparagraph (B) or (C) of
70 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
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	<i>January 1, 2020</i>	38a-591d(c)(1)
Sec. 2	<i>January 1, 2020</i>	38a-591e(d)(1)
Sec. 3	<i>January 1, 2020</i>	38a-591g(i)(1)

INS *Joint Favorable*