



General Assembly

Amendment

January Session, 2001

LCO No. 8152

Offered by:

SEN. HARP, 10th Dist.
SEN. BOZEK, 6th Dist.
SEN. CRISCO, 17th Dist.
SEN. PRAGUE, 19th Dist.

SEN. PETERS, 20th Dist.
SEN. HANDLEY, 4th Dist.
REP. JARJURA, 74th Dist.

To: Senate Bill No. 1060

File No. 47

Cal. No. 96

**"AN ACT CONCERNING INSURANCE DATA REPORTING
REQUIREMENTS."**

1 After line 89, insert the following and renumber the remaining
2 sections accordingly:

3 "Sec. 3. Subdivisions (6) and (7) of subsection (a) of section 38a-226c
4 of the general statutes are repealed and the following is substituted in
5 lieu thereof:

6 (6) [Nurses, practitioners] Physicians, nurses and other licensed
7 health professionals making utilization review decisions shall have
8 current licenses from a state licensing agency in the United States or
9 appropriate certification from a recognized accreditation agency in the
10 United States, provided, any final determination not to certify an
11 admission, service, procedure or extension of stay for an enrollee
12 within this state shall be made by a physician, nurse or other licensed

13 health professional under the authority of a physician, nurse or other
14 licensed health professional who has a current Connecticut license
15 from the Department of Public Health.

16 (7) In cases where an appeal to reverse a determination not to certify
17 is unsuccessful, each utilization review company shall assure that a
18 practitioner in a specialty related to the condition is reasonably
19 available to review the case. When the reason for the determination not
20 to certify is based on medical necessity, including whether a treatment
21 is experimental or investigational, each utilization review company
22 shall have the case reviewed by a physician who is a specialist in the
23 field related to the condition that is the subject of the appeal. Any such
24 review that upholds a final determination not to certify in the case of
25 an enrollee within this state shall be conducted by such practitioner or
26 physician under the authority of a practitioner or physician who has a
27 current Connecticut license from the Department of Public Health. The
28 review shall be completed within thirty days of the request for review.
29 The utilization review company shall be financially responsible for the
30 review and shall maintain, for the commissioner's verification,
31 documentation of the review, including the name of the reviewing
32 physician."