



General Assembly

Amendment

January Session, 2001

LCO No. 7940

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. 1069

File No. 44

Cal. No. 95

(As Amended by Senate Amendment Schedules "A" and "B")

"AN ACT CONCERNING MINOR CHANGES TO THE INSURANCE STATUTES."

1 After the last section, insert the following:

2 "Sec. 9. Subdivisions (6) and (7) of subsection (a) of section 38a-226c
3 of the general statutes are repealed and the following is substituted in
4 lieu thereof:

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

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

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