



General Assembly

January Session, 2013

**Raised Bill No. 1090**

LCO No. 2571



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:  
(INS)

***AN ACT DECREASING THE TIME FRAME FOR CERTAIN ADVERSE DETERMINATION GRIEVANCES.***

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2 general statutes is repealed and the following is substituted in lieu  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 October 1, 2013*):

4 (1) Unless the covered person or the covered person's authorized  
5 representative has failed to provide information necessary for the  
6 health carrier to make a determination, the health carrier shall make a  
7 determination as soon as possible, taking into account the covered  
8 person's medical condition, but not later than [~~seventy-two~~] twenty-  
9 four hours after the health carrier receives such request, provided, if  
10 the urgent care request is a concurrent review request to extend a  
11 course of treatment beyond the initial period of time or the number of  
12 treatments, such request is made at least twenty-four hours prior to the  
13 expiration of the prescribed period of time or number of treatments;

14 Sec. 2. Subdivision (1) of subsection (d) of section 38a-591e of the

15 general statutes is repealed and the following is substituted in lieu  
16 thereof (*Effective October 1, 2013*):

17 (d) (1) The health carrier shall notify the covered person and, if  
18 applicable, the covered person's authorized representative, in writing  
19 or by electronic means, of its decision within a reasonable period of  
20 time appropriate to the covered person's medical condition, but not  
21 later than:

22 (A) For prospective review and concurrent review requests, thirty  
23 calendar days after the health carrier receives the grievance;

24 (B) For retrospective review requests, sixty calendar days after the  
25 health carrier receives the grievance; and

26 (C) For expedited review requests, [~~seventy-two~~] twenty-four hours  
27 after the health carrier receives the grievance.

28 Sec. 3. Subdivision (1) of subsection (i) of section 38a-591g of the  
29 general statutes is repealed and the following is substituted in lieu  
30 thereof (*Effective October 1, 2013*):

31 (i) (1) The independent review organization shall notify the  
32 commissioner, the health carrier, the covered person and, if applicable,  
33 the covered person's authorized representative in writing of its  
34 decision to uphold, reverse or revise the adverse determination or the  
35 final adverse determination, not later than:

36 (A) For external reviews, forty-five calendar days after such  
37 organization receives the assignment from the commissioner to  
38 conduct such review;

39 (B) For external reviews involving a determination that the  
40 recommended or requested health care service or treatment is  
41 experimental or investigational, twenty calendar days after such  
42 organization receives the assignment from the commissioner to  
43 conduct such review;

44 (C) For expedited external reviews, as expeditiously as the covered  
45 person's medical condition requires, but not later than [seventy-two]  
46 twenty-four hours after such organization receives the assignment  
47 from the commissioner to conduct such review; and

48 (D) For expedited external reviews involving a determination that  
49 the recommended or requested health care service or treatment is  
50 experimental or investigational, as expeditiously as the covered  
51 person's medical condition requires, but not later than five calendar  
52 days after such organization receives the assignment from the  
53 commissioner to conduct such review.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2013</i>	38a-591d(c)(1)
Sec. 2	<i>October 1, 2013</i>	38a-591e(d)(1)
Sec. 3	<i>October 1, 2013</i>	38a-591g(i)(1)

**Statement of Purpose:**

To decrease the time for review decisions to be made by health carriers and independent review organizations for certain adverse determination grievances from seventy-two hours to twenty-four 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.]*