



General Assembly

Amendment

January Session, 2013

LCO No. 6155

SB0086106155SD0

Offered by:
SEN. CRISCO, 17th Dist.

To: Subst. Senate Bill No. 861

File No. 33

Cal. No. 94

**"AN ACT CONCERNING THE MODERNIZATION OF CERTAIN
MEDICAL FORMS."**

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Subsection (a) of section 38a-591c of the general statutes
4 is repealed and the following is substituted in lieu thereof (*Effective*
5 *October 1, 2013*):

6 (a) (1) Each health carrier shall contract with (A) health care
7 professionals to administer such health carrier's utilization review
8 program and oversee utilization review determinations, and (B) with
9 clinical peers to evaluate the clinical appropriateness of an adverse
10 determination.

11 (2) Each utilization review program shall use current, documented
12 clinical review criteria that are based on sound clinical evidence and
13 are evaluated periodically by the health carrier's organizational
14 mechanism specified in subparagraph (F) of subdivision (2) of

15 subsection (c) of section 38a-591b to assure such program's ongoing
16 effectiveness. A health carrier may develop its own clinical review
17 criteria or it may purchase or license clinical review criteria from
18 qualified vendors approved by the commissioner. Each health carrier
19 shall make its clinical review criteria available electronically to health
20 care professionals with whom such carrier has contracted to provide
21 health care services to its covered persons and upon request to
22 authorized government agencies.

23 Sec. 2. Section 38a-478e of the general statutes is repealed and the
24 following is substituted in lieu thereof (*Effective October 1, 2013*):

25 (a) Each managed care organization shall, prior to implementing
26 new medical protocols or substantially or materially altering existing
27 medical protocols, obtain input from physicians actively practicing in
28 Connecticut and practicing in the relevant specialty areas. The
29 managed care organization shall also seek input from physicians who
30 are not employees of or consultants, other than to the extent a person is
31 an employee or consultant solely for the purposes of this subsection, to
32 the managed care organization provided the input is not unreasonably
33 withheld. The managed care organization shall obtain the input in a
34 manner permitting verification by the commissioner and shall
35 document the process by which it obtained the input. For the purpose
36 of this section, "medical protocols" shall include, but not be limited to,
37 drug formularies or lists of covered drugs and clinical criteria used for
38 utilization review, as defined in section 38a-591a.

39 (b) Each managed care organization shall (1) make available [, upon
40 the request of a] to its participating [provider] providers on such
41 organization's Internet web site, its current medical protocols, [for
42 examination during regular business hours at the principal
43 Connecticut headquarters of the managed care organization,] and (2) if
44 a managed care organization denies a treatment, service or procedure,
45 the organization shall furnish, upon the request of a participating
46 provider, a copy of the relevant medical protocol to the participating
47 provider, along with an explanation of the denial at the time the denial

48 is made.

49 Sec. 3. (*Effective October 1, 2013*) (a) Not later than January 1, 2014,
50 the Commissioner of Public Health shall develop uniform prior
51 authorization forms for health care services, including, but not limited
52 to, health care professional office visits, prescription drug benefits, and
53 imaging and other diagnostic or laboratory testing. The commissioner
54 shall seek input from health insurers, utilization review companies,
55 health care professionals and other stakeholders for the development
56 of such forms. The commissioner may develop different forms for
57 different health care services as the commissioner deems necessary or
58 appropriate.

59 (b) Any such forms shall (1) not exceed two pages, (2) be available in
60 paper format and electronic format, (3) be capable of being completed
61 and submitted electronically, and (4) be consistent with existing prior
62 authorization forms established by the Centers for Medicare and
63 Medicaid Services and with any national standards pertaining to
64 electronic prior authorization procedures.

65 (c) Upon developing such forms, the commissioner shall notify
66 health insurers of the availability of such forms. Each health insurer
67 shall notify and make such forms available to utilization review
68 companies to which such insurer has delegated any utilization review
69 activities and to health care professionals with whom such insurer has
70 contracted to provide health care services to its insureds. Not later than
71 one hundred eighty days after the commissioner provides such
72 notification, each such health care professional shall use, and each
73 health insurer or utilization review company that requires prior
74 authorization for a health care service shall use and accept, such forms.
75 If such insurer or company fails to accept a prior authorization form
76 developed pursuant to this section, for which all required information
77 is submitted, or such insurer or company fails to grant or deny such
78 prior authorization within twenty-four hours of such insurer or
79 company's receipt of such prior authorization request, such prior
80 authorization shall be deemed granted.

81 (d) Nothing in this section shall prohibit a health insurer or
82 utilization review company from using, in lieu of paper format, a prior
83 authorization system that utilizes an Internet web site, an Internet-
84 based portal or other electronic systems to access or submit a prior
85 authorization form developed pursuant to this section."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2013</i>	38a-591c(a)
Sec. 2	<i>October 1, 2013</i>	38a-478e
Sec. 3	<i>October 1, 2013</i>	New section