



General Assembly

**Amendment**

January Session, 2015

LCO No. 6067



Offered by:

SEN. LOONEY, 11<sup>th</sup> Dist.  
SEN. DUFF, 25<sup>th</sup> Dist.  
SEN. COLEMAN, 2<sup>nd</sup> Dist.  
SEN. DOYLE, 9<sup>th</sup> Dist.

SEN. SLOSSBERG, 14<sup>th</sup> Dist.  
SEN. GERRATANA, 6<sup>th</sup> Dist.  
SEN. CRISCO, 17<sup>th</sup> Dist.

To: Senate Bill No. 415

File No. 89

Cal. No. 122

**"AN ACT CONCERNING DISPENSATION AND COVERAGE OF A  
PRESCRIBED DRUG FOR A CHRONIC DISEASE DURING  
CERTAIN ADVERSE DETERMINATION REVIEWS."**

1 After the last section, add the following and renumber sections and  
2 internal references accordingly:

3 "Sec. 501. Subdivision (1) of subsection (c) of section 38a-591d of the  
4 general statutes is repealed and the following is substituted in lieu  
5 thereof (*Effective October 1, 2015*):

6 (1) (A) Unless the covered person or the covered person's  
7 authorized representative has failed to provide information necessary  
8 for the health carrier to make a determination and except as specified  
9 under subparagraph (B) of this subdivision, the health carrier shall  
10 make a determination as soon as possible, taking into account the  
11 covered person's medical condition, but not later than [seventy-two]

12 forty-eight hours after the health carrier receives such request,  
13 provided, if the urgent care request is a concurrent review request to  
14 extend a course of treatment beyond the initial period of time or the  
15 number of treatments, such request is made at least twenty-four hours  
16 prior to the expiration of the prescribed period of time or number of  
17 treatments.

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

30 Sec. 502. Subdivision (1) of subsection (d) of section 38a-591e of the  
31 general statutes is repealed and the following is substituted in lieu  
32 thereof (*Effective October 1, 2015*):

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

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

40 (B) For retrospective review requests, sixty calendar days after the  
41 health carrier receives the grievance;

42 (C) For expedited review requests, except as specified under

43 subparagraph (D) of this subdivision, [seventy-two] forty-eight hours  
44 after the health carrier receives the grievance; and

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

49 Sec. 503. Subdivision (1) of subsection (i) of section 38a-591g of the  
50 general statutes is repealed and the following is substituted in lieu  
51 thereof (*Effective October 1, 2015*):

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

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

60 (B) For external reviews involving a determination that the  
61 recommended or requested health care service or treatment is  
62 experimental or investigational, twenty calendar days after such  
63 organization receives the assignment from the commissioner to  
64 conduct such review;

65 (C) For expedited external reviews, except as specified under  
66 subparagraph (D) of this subdivision, as expeditiously as the covered  
67 person's medical condition requires, but not later than [seventy-two]  
68 forty-eight hours after such organization receives the assignment from  
69 the commissioner to conduct such review;

70 (D) For expedited external reviews involving a health care service or  
71 course of treatment specified under subparagraph (B) or (C) of  
72 subdivision (38) of section 38a-591a, as expeditiously as the covered

73 person's medical condition requires, but not later than twenty-four  
74 hours after such organization receives the assignment from the  
75 commissioner to conduct such review; and

76 (E) For expedited external reviews involving a determination that  
77 the recommended or requested health care service or treatment is  
78 experimental or investigational, as expeditiously as the covered  
79 person's medical condition requires, but not later than five calendar  
80 days after such organization receives the assignment from the  
81 commissioner to conduct such review."

This act shall take effect as follows and shall amend the following sections:		
Sec. 501	<i>October 1, 2015</i>	38a-591d(c)(1)
Sec. 502	<i>October 1, 2015</i>	38a-591e(d)(1)
Sec. 503	<i>October 1, 2015</i>	38a-591g(i)(1)