



# Senate

General Assembly

**File No. 122**

February Session, 2016

Senate Bill No. 131

*Senate, March 22, 2016*

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

## **AN ACT CONCERNING THE WORKING GROUP ON BEHAVIORAL HEALTH UTILIZATION.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 353 of public act 15-5 of the June special session is  
2 repealed and the following is substituted in lieu thereof (*Effective from*  
3 *passage*):

4 (a) Not later than October 1, 2015, the Insurance Commissioner shall  
5 convene a working group to develop recommendations for behavioral  
6 health utilization and quality measures data that should be collected  
7 uniformly from state agencies that pay health care claims, group  
8 hospitalization and medical and surgical insurance plans established  
9 pursuant to section 5-259 of the general statutes, the state medical  
10 assistance program and health insurance companies and health care  
11 centers that write health insurance policies and health care contracts in  
12 this state. The purposes of such recommendations include, but are not  
13 limited to, protecting behavioral health parity for youths and other  
14 populations.

15 (b) The working group shall consist of the Insurance Commissioner,  
16 the Healthcare Advocate, the Commissioners of Social Services, Public  
17 Health, Mental Health and Addiction Services, Children and Families  
18 and Developmental Services and the Comptroller, or their designees,  
19 and may include representatives from health insurance companies or  
20 health care centers or any other members the Insurance Commissioner  
21 deems necessary and relevant to carry out the working group's duties  
22 under this section.

23 (c) (1) The working group shall determine the data that should be  
24 collected to inform analysis on (A) coverage for behavioral health  
25 services, (B) the adequacy of coverage for behavioral health conditions,  
26 including, but not limited to, autism spectrum disorders and substance  
27 use disorders, (C) the alignment of medical necessity criteria and  
28 utilization management procedures across such agencies, plans,  
29 program, companies and centers, (D) the adequacy of health care  
30 provider networks, (E) the overall availability of behavioral health care  
31 providers in this state, (F) the percentage of behavioral health care  
32 providers in this state that are participating providers under a group  
33 hospitalization and medical and surgical insurance plan established  
34 pursuant to section 5-259 of the general statutes, the state medical  
35 assistance program, or a health insurance policy or health care contract  
36 delivered, issued for delivery, renewed, amended or continued in this  
37 state, and (G) the adequacy of services available for behavioral health  
38 conditions, including, but not limited to, autism spectrum disorders  
39 and substance use disorders.

40 (2) The recommendations developed by the working group may  
41 include data such as (A) per member, per month claim expenses, (B)  
42 the median length of a covered treatment for an entire course of  
43 treatment by levels of care, (C) utilization review outcome data  
44 grouped by levels of care, age categories and levels of review as set  
45 forth in part VII of chapter 700c of the general statutes, (D) the number  
46 of in-network and out-of-network health care providers by location  
47 and provider type, (E) health care provider network management data  
48 by location and provider type, [and] (F) health care provider network

49 fluctuations, the causes of such fluctuations and the decisions made by  
 50 health insurance companies, health care centers and state agencies  
 51 regarding the approval of health care providers to join a health care  
 52 provider network, (G) the number of prior authorization requests for  
 53 behavioral health services and the number of denials for such requests  
 54 compared with the number of prior authorization requests for other  
 55 health care services and the number of denials for such requests, and  
 56 (H) the percentage of paid claims for out-of-network behavioral health  
 57 services compared with the percentage of paid claims for other types  
 58 of out-of-network health care and surgical services.

59 (d) Not later than January 1, [2016] 2017, the Insurance  
 60 Commissioner shall submit a report of the recommendations of the  
 61 working group as set forth in subsection (a) of this section, in  
 62 accordance with the provisions of section 11-4a of the general statutes,  
 63 to the Governor and the joint standing committees of the General  
 64 Assembly having cognizance of matters relating to insurance, human  
 65 services, public health and children.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	PA 15-5 of the June Sp. Sess., Sec. 353

**PH**      *Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

**OFA Fiscal Note**

**State Impact:** None

**Municipal Impact:** None

**Explanation**

The bill, which adds: (1) two new categories of data that may be included in recommendations development by the working group and (2) changes the working group reporting date from January 2016 to January 2017, has no fiscal impact. The Department of Insurance, which convened the working group, submitted certain recommendations on February 23, 2016 utilizing existing staff.

**The Out Years**

**State Impact:** None

**Municipal Impact:** None



**OLR Bill Analysis**

**SB 131**

***AN ACT CONCERNING THE WORKING GROUP ON BEHAVIORAL HEALTH UTILIZATION.***

**SUMMARY:**

The Office of Legislative Research does not analyze Special Acts.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea 26 Nay 0 (03/07/2016)