

Insurance and Real Estate Committee

SENATE FAVORABLE REPORT

Bill No.: SB-341

AN ACT CONCERNING PARTICIPATION BY COVERED PERSONS,
AUTHORIZED REPRESENTATIVES AND HEALTH CARE PROFESSIONALS IN

Title: UTILIZATION REVIEWS.

Vote Date: 3/10/2020

Vote Action: Joint Favorable

PH Date: 3/5/2020

File No.:

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SPONSORS OF BILL:

Insurance and Real Estate Committee

REASONS FOR BILL:

This bill will Require health care professionals to notify covered persons and their authorized representatives of their right to submit additional information for consideration as part of a utilization review; and (2) provide covered persons, authorized representatives and health care professionals with a right to submit such additional information.

RESPONSE FROM ADMINISTRATION/AGENCY:

None Expressed

NATURE AND SOURCES OF SUPPORT:

Sen. Martin Looney, Senate Pro Tempore feels that families are paying tens of thousands of dollars a year in premiums and deductibles so that when a doctor recommends a certain medication or procedure, insurance is there to cover the cost. If a request for coverage is initially denied, the best-case scenario is that after weeks or months of delay, appealing the decision will lead to approval by the insurer. The claims process of denying and approving claims is confusing, burdensome, costly, and simply not attainable for many people. Submitting an appeal and negotiating through grievance review after an 4 initial denial by the insurer can easily take 10 to 20 hours of a professional's time, and most insured individuals at their best are not familiar enough with insurance contracts or their personal care to navigate the process. What may be the most frustrating is how much harder it is to mount an appeal when people are suffering mentally and physically from the ailment they are seeking coverage for. Anything we can do to make the process easier or result in more claim

approvals prior to the appeals process will be good for patients' health. During initial review, the provider almost exclusively submits the claim to the insurer—the application may have all the underlying medical information, but during the grievance review process a patient has the opportunity to share new information about his or her personal situation. This new information can result in reversal of an initial denial. We believe providing patients an opportunity to tell their story earlier in the process will resolve claims before the lengthy appeals process. Senate Bill 341 has two components: first it requires insurers to accept a patient's statement with any information the patient deems worthy of sharing at the same time the insurer accepts the request for authorization of coverage. Second, the bill would require providers to inform patients that they have the opportunity to provide the written statement.

CT Association of Health Plans welcomes the opportunity to continue discussions with the proponents of this bill to determine the feasibility of codifying the intent of the legislation without giving rise to any unintended consequences.

UCONN Health does not oppose the concept of empowering patients to participate in the utilization review process. However, we would like to explore with the committee the most effective method to engage patients and inform them of this new process. As written, we believe section 1 of the bill will be very challenging to operationalize. It is unclear if the expectation is that a health care professional will be able to predetermine which patients will need an urgent care request in order to send them a timely notice, or if any notice sent within a year of an urgent care request would satisfy the requirement. In the former instance, it would be very difficult to ensure such a notice went out in time for meaningful participation by the patient and it may inadvertently delay a process that is, by its own name, an urgent matter. In the latter situation, we are unclear of the rationale or value in sending the notice in such a time frame, after the urgent care request has been made. Page 2 of 2 It is important to note that the proposal already requires health carriers to include in their existing materials they share with their beneficiaries information about this new right. Due to the administrative burden this would put on our practitioners, and the fact that this information is already being shared with covered patients, we respectfully request that if this bill moves forward the written notice requirement provision for health care professionals be removed.

CT Hospital Association supports patients' involvement in their care, as we know that patient- and family centered care improves care and outcomes. However, CHA has concerns with SB 341, as written. SB 341, as drafted, imposes requirements on healthcare professionals that are, unclear, and duplicative of other provisions of the bill. SB 341 is unclear on exactly when a healthcare professional would be required to submit the notice to the patient, and how a healthcare professional would be able determine to whom such a notice is required to be sent. It is unclear whether the submission of a "covered person's story", to a utilization review entity would delay the review. SB 341 also requires health insurance carriers to include in their existing materials provided to their beneficiaries, information about a beneficiary's ability to submit a "covered person's story". If this Committee decides to take action on SB 341, CHA requests that section 1 be deleted given the increased burden SB 341 would place on healthcare professionals and the fact that patients already receive this information from their health insurance carrier. Page 2 of 2 In addition, the patient needs to be aware that submission of a "covered person's story" when sent either to the healthcare professional or utilization review entity will become part of the patient's medical and billing records maintained by the healthcare professional or health

insurance carrier (or both). Once part of the record, the use and release of those materials including disclosure to other entities or providers, will be governed by the Health Insurance Portability and Accountability Act (HIPAA). The patient will not have the right to control or restrict certain uses and disclosures of those materials.

Nature and Sources of Opposition

None expressed

Reported by: Diane Kubeck

Date: March 27, 2020