OLR Bill Analysis

SB 360

AN ACT CONCERNING VARIOUS CHANGES TO UTILIZATION REVIEW COMPANIES LICENSURE STATUTE.

SUMMARY

By law, a utilization review company must obtain a license from the insurance commissioner to operate in the state. This bill requires a utilization review company to renew its license every two years, rather than annually as under current law. It correspondingly increases the license fee from $3,000 to $6,000.

Additionally, the bill requires a licensed utilization review company to file with the insurance commissioner any material change to approved policies, procedures, sample letters, or behavioral health clinical criteria. It must do this within 30 days after the change.

By law, a utilization review company conducts a review of health care services, procedures, or settings to monitor or evaluate their medical necessity, appropriateness, efficacy, or efficiency. Through utilization review, a company may make prospective, concurrent, or retrospective review benefit determinations on behalf of a health carrier (e.g., insurer or HMO) (CGS § 38a-591a (39) & (40)).

EFFECTIVE DATE: January 1, 2023

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable
Yea 16 Nay 0 (03/17/2022)