

OFFICE OF LEGISLATIVE RESEARCH  
PUBLIC ACT SUMMARY



**PA 22-84—SB 360**

*Insurance and Real Estate Committee*

**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 act requires a utilization review company to renew its license every two years, rather than annually as under prior law. It correspondingly increases the license fee from \$3,000 to \$6,000.

Additionally, the act requires a licensed utilization review company to file with the insurance commissioner any (1) material change to approved policies, procedures, or sample letters or (2) change to 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