
OLR Bill Analysis

HB 6832

AN ACT CONCERNING ELECTRONIC NOTIFICATIONS FOR PRIOR AUTHORIZATIONS.

SUMMARY

By March 1, 2024, this bill requires health carriers (i.e., insurers and HMOs) to establish a secure system to electronically receive and respond to prior authorization review requests and prospective and concurrent utilization review requests. These reviews are determinations made by health carriers as to whether a particular benefit is covered under an individual's health insurance policy.

Under the bill, health carriers must establish a system that complies with standards that the bill requires the insurance commissioner to develop by January 1, 2024.

The bill also requires health carriers to give hospitals and health care professionals access to the carriers' criteria for making determinations on these requests, including an itemization of any documentation the health carrier requires.

EFFECTIVE DATE: October 1, 2023

TECHNICAL STANDARDS AND CLINICAL REVIEW CRITERIA

The bill requires the insurance commissioner to develop and set technical standards for hospitals and healthcare professionals to electronically file prior authorization and prospective and concurrent utilization review requests with health carriers. These technical standards must:

1. be developed in consultation with appropriate standard-setting organizations, hospitals, health care professionals, health carriers, and health information technology software vendors;

and

2. include standards that ensure these electronic requests support attachments containing clinical information and can be integrated into existing electronic health records.

The insurance commissioner must also develop and establish standardized clinical review criteria for common inpatient and outpatient services, treatments, and procedures provided in hospitals. The clinical review criteria must be developed in consultation with hospitals, health care professionals, and health carriers.

ELECTRONIC FILING SYSTEMS

Under the bill, health carriers must establish a program that allows health care professionals and hospitals to (1) file prior authorization requests and prospective and concurrent utilization review requests and (2) receive a health carrier's response. The program must comply with the standards the commissioner develops. (Presumably, these standards include standardized clinical review criteria. Existing law, unchanged by the bill, allows health carriers to develop their own clinical review criteria, with certain exceptions (CGS § 38a-591c(a)(2)(B)).)

Under the bill, regardless of the above provisions, no health carrier may implement any technical or clinical standards under the bill unless they have consulted with hospitals to facilitate the seamless transmission and processing of requests. The consultations must concern the ability of hospitals and health care professionals to submit clinical records and securely access health information.

Under the bill, electronic forms or proprietary health carrier portals that fail to comply with the technical standards the commissioner develops do not satisfy the bill's requirements.

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable

Yea 12 Nay 0 (03/14/2023)