



Senate Bill No. 360

Public Act No. 22-84

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

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

Section 1. Section 38a-591j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2023*):

(a) No utilization review company shall conduct utilization review in this state for a health benefit plan under the jurisdiction of the commissioner unless it is licensed by the commissioner. All licenses shall be renewed [on an annual basis] every two years.

(b) The [annual] license fee shall be [three thousand dollars] six thousand dollars and shall be dedicated to the regulation of utilization review, except that the commissioner shall be authorized to use such funds as is necessary to (1) implement the provisions of sections 38a-91aa to 38a-91tt, inclusive, and (2) contract with The University of Connecticut School of Medicine to provide any medical consultations necessary to carry out the commissioner's responsibilities under this title with respect to consumer and market conduct matters.

(c) The request for licensure or renewal shall include the name, address, telephone number and normal business hours of the utilization review company, and the name and telephone number of a person for

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the commissioner to contact. Any material changes in the information filed in accordance with this subsection, or any material change to approved policies, procedures, sample letters or change in clinical criteria for behavioral health shall be filed with the commissioner not later than thirty calendar days after the change.

(d) The commissioner shall receive and investigate all grievances filed against utilization review companies by a covered person. The commissioner shall code, track and review all grievances. The commissioner may impose such penalties as authorized, in accordance with section 38a-591k.

(e) In the absence of any contractual agreement to the contrary, the covered person or the covered person's authorized representative shall be responsible for requesting certification and for authorizing the covered person's treating health care professional to release, in a timely manner, all information necessary to conduct the review. A utilization review company shall permit the covered person, the covered person's authorized representative or the covered person's treating health care professional to assist in fulfilling that responsibility.

Approved May 24, 2022