Legislative History for Connecticut Act

PA 16-175

SB372

Senate	930, 931-932	3
Insurance & Real Estate	1198, 1199-1200, 1273-1278	9
House Transcripts have not been received. They are available on CGA website, but are not the Official copy. Contact House Clerk for assistance (860) 240-0400		**12**

Transcripts from the Joint Standing Committee Public Hearing(s) and/or Senate and House of Representatives Proceedings

Connecticut State Library
Compiled 2017

S - 693

CONNECTICUT
GENERAL ASSEMBLY
SENATE

PROCEEDINGS
2016

VOL. 59
PART 3
679 – 1032

Seeing no objections, so ordered sir.

SENATOR DUFF (25TH):

On calendar page 10, Calendar 297, Senate Bill 372, I'd like to place that item on our Consent Calendar.

THE CHAIR:

Seeing no objections, so ordered sir.

SENATOR DUFF (25TH):

On calendar page 11, Calendar 309, Senate Bill 398, I'd like to place that item on our Consent Calendar.

THE CHAIR:

Seeing no objections, so ordered sir.

SENATOR DUFF (25TH):

On calendar page 28, Calendar 87, Senate Bill 107, I'd like to place that item on our Consent Calendar.

THE CHAIR:

Seeing no objections, so ordered sir.

SENATOR DUFF (25TH):

Madam President, did I mention calendar page 11, Calendar 309, Senate Bill 398?

THE CHAIR:

Yes, sir.

SENATOR DUFF (25TH):

Thank you, and that, I believe is the end of our Consent Calendar. If the clerk can now call the items on the Consent Calendar, followed by a vote on our Consent Calendar today.

THE CHAIR:

Mr. Clerk. We gotta' wait two seconds to get this on, up and running, and then we will start getting the list called for you, sir.

Mr. Clerk, please call the Consent Calendar.

THE CLERK:

On page 2, Calendar 131, Senate Bill 204. Page 3, Calendar 133, Senate Bill 207. Page 3, Calendar 145, Senate Bill 132. Page 4, 180 -- Calendar 183, Senate Bill 236. Page 5, Calendar 192, Senate Bill 230. Page 6, Calendar 232, Senate Bill 254. Page 7, Calendar 243, Senate Bill 364. Page 8, Calendar 261, Senate Bill 233. Also on page 8, Calendar 254, Senate Bill 178. Page 8, Calendar 263, Senate Bill 252. Page 9, Calendar 274, Senate Bill 244. Page 9, Calendar 283, Senate Bill 306. Page 10, Calendar 294, Senate Bill 283. Also on page 10, Calendar 297, Senate Bill 372. Page 11, Calendar 302, Senate Bill 436. Page 11, Calendar 309, Senate Bill 398. Page 12, Calendar 314, Senate Bill 103. On page 23, Calendar 420, House Bill 5350. Page 27, Calendar 70, Senate Bill 72. Page 28, Calendar 87, Senate Bill 107. Page 29, Calendar 126. Senate Bill 197. Page 30, Calendar 150, Senate Bill 161. Page 32, Calendar 199, Senate Bill 20. And page 35, Calendar 270, Senate Bill 288.

THE CHAIR:

Mr. Clerk, will you please call a roll call vote on the Consent Calendar? The machine will be open.

THE CLERK:

Immediate Roll Call has been ordered in the Senate. Immediate Roll Call on today's Consent Calendar has been ordered in the Senate.

THE CHAIR:

Senator Fonfara.

All members have voted, all members have voted. The machine will be closed. Mr. Clerk, will you please call the tally on the Consent Calendar?

THE CLERK:

On Today's Consent Calendar.

Total number voting	35
Necessary for Adoption	18
Those voting Yea	35
Those voting Nay	0
Those absent and not voting	1

THE CHAIR:

The Consent Calendar passes. Senator Duff.

SENATOR DUFF (25TH):

Thank you, Madam President. Madam President, does the clerk have Senate Agenda Number 2 on his desk?

JOINT
STANDING
COMMITTEE
HEARINGS

INSURANCE AND
REAL ESTATE
PART 3
963 – 1385

2016

CHAIRPERSONS: Senator Crisco
Senator Hartley
Representative Megna
Representative Zoni

SENATORS: Kelly

REPRESENTATIVES: Arce, Currey, Floren, Johnson, Kupchick, MacLachlan

REP. MEGNA (97TH): Just when people come up, identify yourself, speak in the mic and make sure the mic is lit up like mine over here. There is a button over there at the desk. You will have three minutes to testify. You will hear the buzzer go off when your time is up. We have your testimony, we put it online. We put it on record. We have it and we have the ability to ask questions once you finish your testimony too. With that, the first hour is going to be legislators, agencies and municipalities and the first individual up on SENATE BILL 372 is Commissioner Wade. Commissioner, maybe I can have somebody move that camera a little bit so I can see you, please. If you move it back this way or that way, thank you.

SB 372
SB 375
SB 436

COMMISSIONER WADE: If it's alright with you, I've got four bills. I will do all the testimony and then I will be happy to answer any questions. So, I appreciate the opportunity to be before you today. Will start with SENATE BILL 433, WHICH IS AN ACT CONCERNING STANDARDS AND REQUIREMENTS FOR HEALTHCARE CARRIER PROVIDER NETWORKS AND CONTRACTS BETWEEN HEALTHCARES AND PARTICIPATING PROVIDERS.

We believe this is a strong piece of consumer protection that if enacted establishes a process that ensures consumers have a sufficient number of providers in their health plan network and that medical referral patterns and hospital admitting privileges are taken into consideration.

The bill would also ensure that there are appropriate types of providers who offer the scope of services needed, particularly mental health and substance abuse treatment. The bill improves transparency and disclosure of accurate provider directories including who is accepting new patients.

Additionally, this bill provides consumer protections amid complexities in some of the current health plan product offering, such as networks that reflect tiered copayment levels including those based on provider quality designations, narrow networks and other forms of network innovations. The department is working closely with all stakeholders to address any issues in this legislation.

SENATE BILL 372 IS AN ACT CONCERNING CLINICAL REVIEW CRITERIA FOR UTILIZATION REVIEW AND ADVERSE DETERMINATIONS. This bill is a product of a collaboration of the Behavioral Health Working Group. The department convened after the passage of 15-5, a public act. We have crafted this legislation with the best interest of the consumers at heart and among the provisions; bill would provide consumers with greater transparency to the criteria that insurance companies use to authorize treatment. Carriers would be required to post their specific clinical guidelines on their web sites.

The bill would also give consumers the information that they need to properly appeal denials by requiring carriers to provide a link to their clinical reasons for the denial.

In addition, the bill provides carriers with the flexibility to extend coverage to new types of treatment made available through advances in medical technology without having to wait for clinical criteria to catch up. We believe this provision will give consumers access to newer treatment earlier in the process. The department continues to work with the mental health community including providers, facilities and consumers as well as the insurance industry to collect relevant treatment and coverage data for both children and adults on this all-important issue that affects families from all corners of society.

SENATE BILL 375 IS AN ACT AUTHORIZING MULTI-STATE HEALTHACRAE CENTERS WHICH ARE HMOs IN CONNECTICUT AND ELIMINATING HEALTHCARE UTILIZATION REVIEW REPORT FILING REQUIREMENT. The main thrust of this legislation is to facilitate the ability of HMOs to operate across state lines. It is important for Connecticut's economy and its domestic HMOs because of the way the industry has evolved over the years. Intense competitive pressures have resulted in companies consolidating the operations of their HMOs based in other states within a non-Connecticut legal entity under the laws that permit HMOs to conduct business in multi-jurisdictions. The second part of the bill eliminates the duplicative reporting requirement.

SENATE BILL 436 IS AN ACT CONCERNING INSURED CORPORATE GOVERNMENT'S ANNUAL DISCLOSURE IN THE

CONNECTICUT HOSPITAL ASSOCIATION

TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
INSURANCE AND REAL ESTATE COMMITTEE
TUESDAY, MARCH 15, 2016

SB 372, An Act Concerning Clinical Review Criteria For Utilization Review And Adverse Determination Notices

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 372, An Act Concerning Clinical Review Criteria For Utilization Review And Adverse Determination Notices.** CHA supports the bill.

Before commenting on the bill, it's important to point out that Connecticut hospitals provide core healthcare services to all of the people in Connecticut, 24 hours a day, regardless of ability to pay. Connecticut hospitals offer safe, accessible, equitable, affordable, patient-centered care that protects and improves peoples' lives.

CHA supports measures to improve behavioral healthcare for children and adults. Historically, health insurance coverage for mental illness has been less generous than that for physical illness. Mental health parity is a response to this disparity in insurance coverage, and stands for the concept that health insurance coverage for mental health services should be offered on par with covered medical and surgical benefits. Current law prohibits insurance companies from engaging in discriminatory activities with psychiatric and/or substance abuse disorders by requiring plans to provide this coverage in the same manner that they provide coverage for medical conditions such as diabetes or coronary artery disease.

The bill proposes to (1) specify certain clinical review criteria health carriers may use for utilization review for the treatment of a substance use disorder or the treatment of a child, adolescent, or adult mental disorder, (2) require health carriers to post clinical review criteria on their Internet web sites, and (3) require that an adverse determination notice include a reference to the specific rule, guideline, protocol, or other criterion the health carrier relied upon to make the adverse determination.

This bill is consistent with the spirit and practice of mental health parity in that it will allow patients and providers to better understand the rules to be followed by health carriers in

making utilization management decisions for behavioral healthcare services. Increasing transparency with regard to the clinical review criteria in the manner specified by this bill will help ensure that patients get information about the reasons for an adverse determination in a timely manner. Making available clinical review criteria for utilization review will further our knowledge about practices and best practices for the majority of behavioral health and substance use diagnoses, and enable Connecticut citizens to access insurance coverage for mental health and substance abuse treatment services more efficiently.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.

Quality is Our Bottom Line

Insurance & Real Estate Committee

Public Hearing

Tuesday, March 15, 2016

Connecticut Association of Health Plans

Testimony regarding

SB 372 AAC Clinical Review Criteria for Utilization Review and Adverse Determination Notices

The Connecticut Association of Health Plans is pleased to support SB 372. The Association has been working hard over the past 8 months, under the guidance of the Commissioner of Insurance, with the Office of the Healthcare Advocate, providers, consumer representatives and others to address concerns around access to mental health and substance abuse services. While much of that work has focused on the need to collect even more detailed data from ***both*** payers and providers as an essential prerequisite to further improvements and updates to our current statutes, SB 372 updates outdated references under the current statute that are in immediate need of change in addition to heightening the level of transparency around the clinical criteria used by health plans in making determinations. Both are measures the Association was pleased to have input into and are measures we can support moving forward.

Thank you for the opportunity to comment.

280 Trumbull Street | 27th Floor | Hartford, CT 06103-3597 | 860.275.8372 | Fax 860.541.4923 | www.ctahp.com

Connecticut State Medical Society
FOUNDED IN 1792

127 Washington Avenue, East Building, 3rd Floor, North Haven, CT 06473
Phone (203) 865-0587 Fax (203) 865-4997 www.csms.org

Connecticut State Medical Society
Testimony On Senate Bill 372
An Act Concerning Clinical Review Criteria For Utilization Review
And Adverse Determination Notices
Presented to the Insurance and Real Estate Committee
March 15, 2016

Senator Crisco, Representative Megna and other distinguished members of the Insurance and Real Estate Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS) thank you for the opportunity to provide this testimony to you today on Senate Bill 372 An Act Concerning Clinical Review Criteria For Utilization Review And Adverse Determination Notices.

This bill contains several components. First, it would require health insurance carriers to post on their websites information regarding clinical review criteria and access to certain information upon which the carrier may rely in making adverse determinations. Previously, carriers only were required to provide such information to authorized government agencies upon request. CSMS supports this increased transparency that will assist physicians in understanding the criteria used by an insurer in denying care.

Second, this bill will allow health insurers to develop their own clinical review criteria for certain substance abuse and mental health issues not covered by the most recent additions publications from certain nationally accredited organizations. CSMS agrees that technology and advancements in medicine are happening at a faster pace than at any time in history. Often, technology moves faster than the process by which national organizations establish guidelines for these advances. For that reason, we understand the possible need for insurers to rely on other sources in these situations to establish separate clinical review criteria. However, we ask that this language be amended to require carriers to establish a formal process for solicitation of recommendations from local specialists and subspecialists in the respective field of medicine.

Pg 1
Line 2

STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Testimony
Insurance and Real Estate Committee
March 15, 2016

Senate Bill No. 372 – An Act Concerning Clinical Review Criteria for Utilization Review and Adverse Determination Notices.

Senator Crisco, Representative Megna, Ranking Members, and members of the Insurance and Real Estate Committee, the Insurance Department would like to thank the Committee for introducing this initiative on our behalf and raising **Senate Bill No. 372 An Act Concerning Clinical Review Criteria for Utilization Review and Adverse Determination Notices.**

Through legislation, collaboration and with support from this committee, the state has made strides in enhancing access to behavioral health treatment and the Department has taken an active role in those efforts. Since 2013, we have amended insurance law to tighten the timeframes for authorization to treatment and expedite the external appeals process for consumers. There has been expansion of coverage for services for autism spectrum disorders (ASD) and the Birth-to-Three program.

Your support for this bill will greatly help the continued efforts of the State, the Department and the many stakeholders with whom we have closely collaborated to improve access to behavioral health treatment and to enhance transparency of data on insurance coverage, denials and appeals of mental health services for our citizens. This bill is a product of that collaboration, specifically the multi-disciplined Behavioral Health Working Group[i] that the Department convened after the passage of Public Act 15-5.

We have crafted this legislation with the best interests of the consumer at heart. Among the provisions, the bill would:

- Provide consumers with greater transparency to the criteria that insurance companies use to authorize treatment. Carriers would be required to post their specific clinical criteria and authorization guidelines on their Web sites. This requirement would replace a mandated "crosswalk" disclosure that provided an analysis of the carriers' medical criteria in relation to four professional health organizations[ii]. This disclosure, as required in existing law, confused consumers and is unworkable because of copyright issues with proprietary information in the professional organizations' criteria.

- Give consumers information they need to properly appeal a denial by requiring carriers to provide a link to the reason(s) for the denial.
- Provide carriers with the flexibility to extend coverage to new types of treatments made available through advances in medical technology without having to wait for the clinical criteria to catch up. This consumer-friendly provision will give policyholders access to newer treatments much earlier.

This legislation and other recommendations can be found in a Behavioral Health Report[iii] the group issued on February 23, 2016 and which can be found on our Web site.

The Department continues to work with the mental health community including providers, facilities, and consumers, as well as the insurance industry to collect relevant treatment and coverage data – for both children and adults - on this all-important issue that affects families from all corners of society.

The Department thanks the Insurance Committee Chairs and members for the opportunity to submit testimony in support of S.B. 372.

---

[i] Working group membership: Insurance Commissioner, consumer community, the Offices of the Comptroller and Healthcare Advocate, the Departments of Social Services, Public Health, Mental Health and Addiction Services, Children and Families, Development Services and industry representatives.

[ii] American Society of Addiction Medicine (ASAM), the Child and Adolescent Service Intensity Instrument (CASII), the Association for Ambulatory Behavioral Healthcare (AABH), and the American Psychiatric Association (APA).

[iii] http://www.ct.gov/cid/lib/cid/2016-BehavioraHealth-Working-Group-Report.pdf