



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
INSURANCE AND REAL ESTATE COMMITTEE
Tuesday, March 15, 2022**

**SB 360, An Act Concerning Various Changes To Utilization
Review Companies Licensure Statute**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 360, An Act Concerning Various Changes To Utilization Review Companies Licensure Statute**. CHA requests changes to this bill.

Since early 2020, hospitals and health systems have been at the center of Connecticut's response to the COVID-19 public health emergency, acting as a vital partner with the state and our communities. Hospitals expanded critical care capacity, procured essential equipment and supplies, and stood up countless community COVID-19 testing locations. Hospitals have been an essential component of the statewide vaccine distribution plan including efforts to reach and serve historically under-resourced communities disproportionately affected by the virus.

SB 360 extends the renewal period for utilization review licenses to two years, doubles the licensing fee, and requires the utilization review company to file "any material change to approved policies, procedures, sample letters or change in clinical criteria for behavioral health" with the commissioner not later than 30 calendar days after the change.

CHA supports the filing requirement with respect to the above noted material changes. However, we are requesting adjustments to protect patients from potentially harmful policy or procedural changes. Utilization review practices and especially prior authorization processes are being implemented by some health plans and their contractors in ways that can directly affect the well-being of patients. For example, these practices can jeopardize timely care plan decisions or care transitions, which, in turn, can risk the well-being of the patient who is the focus of the review, as well as other patients whose appropriate care is delayed by disruptions in patient flow and capacity.

For these reasons, we believe that licensees should be required to file requested adjustments **60 days in advance** of implementation and such filings should be posted for public access so that providers have the opportunity to review the proposed changes and assess their potential impact on patient care and provider operations.

We further recommend that these filing requirements not be limited to behavioral health, but rather applied to all healthcare services to which utilization review is or may be applied under the license.

Finally, we request that the Department review the proposed material changes for compliance with regulations governing such licensure.

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