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I N   S E N A T E

June 16, 2014

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Introduced by Sens. SEWARD, HANNON -- read twice and ordered printed,  
and when printed to be committed to the Committee on Rules

AN ACT to amend the insurance law and the public health law, in relation  
to requiring health insurance coverage for diagnosis and treatment of  
substance use disorder treatment services and creating a workgroup to  
study and make recommendations

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEM-  
BLY, DO ENACT AS FOLLOWS:

1     Section 1.     Subsection (i) of section 3216 of the insurance law is  
2     amended by adding a new paragraph 30 to read as follows:  
3     (30) (A) EVERY POLICY THAT PROVIDES MEDICAL, MAJOR-MEDICAL OR SIMILAR  
4     COMPREHENSIVE-TYPE COVERAGE SHALL INCLUDE COVERAGE FOR DIAGNOSIS AND  
5     TREATMENT OF SUBSTANCE USE DISORDER BENEFITS PURSUANT TO THE FEDERAL  
6     PAUL WELLSTONE AND PETE DOMENICI MENTAL HEALTH PARITY AND ADDICTION  
7     EQUITY ACT OF 2008, AS AMENDED, OR OTHER APPLICABLE FEDERAL AND STATE  
8     STATUTES AND RULES AND REGULATIONS PROMULGATED THERETO WHICH REQUIRE  
9     PARITY BETWEEN MENTAL HEALTH OR SUBSTANCE USE DISORDER BENEFITS AND  
10    MEDICAL/SURGICAL BENEFITS WITH RESPECT TO FINANCIAL REQUIREMENTS AND  
11    TREATMENT OR WHICH REQUIRE COVERAGE OF SUCH TREATMENT, WHICHEVER  
12    PROVIDES A BENEFIT THAT IS MORE ADVANTAGEOUS TO THE POLICYHOLDER AS  
13    DETERMINED BY THE SUPERINTENDENT. SUCH COVERAGE SHALL INCLUDE BOTH INPA-  
14    TIENT AND OUTPATIENT TREATMENT, INCLUDING DETOXIFICATION AND REHABILI-  
15    TATION SERVICES.  
16    (B) IN THE EVENT OF AN ADVERSE DETERMINATION FOR SUBSTANCE USE DISOR-  
17    DER TREATMENT SERVICES, THE HEALTH PLAN SHALL CONTINUE TO PROVIDE COVER-  
18    AGE AND REIMBURSE FOR ALL SUCH SERVICES UNTIL THE INSURED HAS EXHAUSTED  
19    ALL APPEALS, BOTH INTERNAL AND EXTERNAL, OR OTHERWISE NOTIFIES THE  
20    HEALTH PLAN IN WRITING THAT HE OR SHE HAS DECIDED TO NOT MOVE FORWARD  
21    WITH THE APPEALS PROCESS. THE HEALTH PLAN SHALL ENSURE THAT AN INSURED  
22    SHALL NOT INCUR ANY GREATER OUT-OF-POCKET COSTS FOR SUBSTANCE USE DISOR-  
23    DER TREATMENT SERVICES RENDERED WHILE THE PROVIDER IS APPEALING AN  
24    ADVERSE DETERMINATION FOR SUCH SERVICES THAN THE INSURED WOULD HAVE  
25    INCURRED IF SUCH SERVICES WERE APPROVED BY THE UTILIZATION REVIEW AGENT.

EXPLANATION--Matter in *ITALICS* (underscored) is new; matter in brackets  
[ ] is old law to be omitted.

LBD15361-11-4

1 S 2. Subsection (1) of section 3221 of the insurance law is amended by  
2 adding a new paragraph 19 to read as follows:

3 (19) (A) EVERY GROUP OR BLANKET POLICY DELIVERED OR ISSUED FOR DELIV-  
4 ERY IN THIS STATE WHICH PROVIDES MAJOR MEDICAL OR SIMILAR COMPREHEN-  
5 SIVE-TYPE COVERAGE SHALL INCLUDE SPECIFIC COVERAGE FOR DIAGNOSIS AND  
6 TREATMENT OF SUBSTANCE USE DISORDER BENEFITS PURSUANT TO THE FEDERAL  
7 PAUL WELLSTONE AND PETE DOMENICI MENTAL HEALTH PARITY AND ADDICTION  
8 EQUITY ACT OF 2008, AS AMENDED, OR OTHER APPLICABLE FEDERAL AND STATE  
9 STATUTES AND RULES AND REGULATIONS PROMULGATED THERETO WHICH REQUIRE  
10 PARITY BETWEEN MENTAL HEALTH OR SUBSTANCE USE DISORDER BENEFITS AND  
11 MEDICAL/SURGICAL BENEFITS WITH RESPECT TO FINANCIAL REQUIREMENTS AND  
12 TREATMENT OR WHICH REQUIRE COVERAGE OF SUCH TREATMENT, WHICHEVER  
13 PROVIDES A BENEFIT THAT IS MORE ADVANTAGEOUS TO THE POLICYHOLDER AS  
14 DETERMINED BY THE SUPERINTENDENT. SUCH COVERAGE SHALL INCLUDE BOTH INPA-  
15 TIENT AND OUTPATIENT TREATMENT, INCLUDING DETOXIFICATION AND REHABILI-  
16 TATION SERVICES.

17 (B) IN THE EVENT OF AN ADVERSE DETERMINATION FOR CHEMICAL DEPENDENCE  
18 OR SUBSTANCE USE DISORDER TREATMENT SERVICES, THE HEALTH PLAN SHALL  
19 CONTINUE TO PROVIDE COVERAGE AND REIMBURSE FOR ALL SUCH SERVICES UNTIL  
20 THE INSURED HAS EXHAUSTED ALL APPEALS, BOTH INTERNAL AND EXTERNAL, OR  
21 OTHERWISE NOTIFIES THE HEALTH PLAN IN WRITING THAT HE OR SHE HAS DECIDED  
22 TO NOT MOVE FORWARD WITH THE APPEALS PROCESS. THE HEALTH PLAN SHALL  
23 ENSURE THAT AN INSURED SHALL NOT INCUR ANY GREATER OUT-OF-POCKET COSTS  
24 FOR SUBSTANCE USE DISORDER TREATMENT SERVICES RENDERED WHILE THE PROVID-  
25 ER IS APPEALING AN ADVERSE DETERMINATION FOR SUCH SERVICES THAN THE  
26 INSURED WOULD HAVE INCURRED IF SUCH SERVICES WERE APPROVED BY THE UTILI-  
27 ZATION REVIEW AGENT.

28 S 3. Section 4303 of the insurance law is amended by adding a new  
29 subsection (oo) to read as follows:

30 (OO) (1) A MEDICAL EXPENSE INDEMNITY CORPORATION, A HOSPITAL SERVICE  
31 CORPORATION OR A HEALTH SERVICE CORPORATION WHICH PROVIDES MAJOR MEDICAL  
32 OR SIMILAR COMPREHENSIVE-TYPE COVERAGE SHALL INCLUDE SPECIFIC COVERAGE  
33 FOR DIAGNOSIS AND TREATMENT OF SUBSTANCE USE DISORDER BENEFITS PURSUANT  
34 TO THE FEDERAL PAUL WELLSTONE AND PETE DOMENICI MENTAL HEALTH PARITY AND  
35 ADDICTION EQUITY ACT OF 2008, AS AMENDED, OR OTHER APPLICABLE FEDERAL  
36 AND STATE STATUTES AND RULES AND REGULATIONS PROMULGATED THERETO WHICH  
37 REQUIRE PARITY BETWEEN MENTAL HEALTH OR SUBSTANCE USE DISORDER BENEFITS  
38 AND MEDICAL/SURGICAL BENEFITS WITH RESPECT TO FINANCIAL REQUIREMENTS AND  
39 TREATMENT OR WHICH REQUIRE COVERAGE OF SUCH TREATMENT, WHICHEVER  
40 PROVIDES A BENEFIT THAT IS MORE ADVANTAGEOUS TO THE POLICYHOLDER AS  
41 DETERMINED BY THE SUPERINTENDENT. SUCH COVERAGE SHALL INCLUDE BOTH INPA-  
42 TIENT AND OUTPATIENT TREATMENT, INCLUDING DETOXIFICATION AND REHABILI-  
43 TATION SERVICES.

44 (2) IN THE EVENT OF AN ADVERSE DETERMINATION FOR CHEMICAL DEPENDENCE  
45 OR SUBSTANCE USE DISORDER TREATMENT SERVICES, THE HEALTH PLAN SHALL  
46 CONTINUE TO PROVIDE COVERAGE AND REIMBURSE FOR ALL SUCH SERVICES UNTIL  
47 THE INSURED HAS EXHAUSTED ALL APPEALS, BOTH INTERNAL AND EXTERNAL, OR  
48 OTHERWISE NOTIFIES THE HEALTH PLAN IN WRITING THAT HE OR SHE HAS DECIDED  
49 TO NOT MOVE FORWARD WITH THE APPEALS PROCESS. THE HEALTH PLAN SHALL  
50 ENSURE THAT AN INSURED SHALL NOT INCUR ANY GREATER OUT-OF-POCKET COSTS  
51 FOR SUBSTANCE USE DISORDER TREATMENT SERVICES RENDERED WHILE THE PROVID-  
52 ER IS APPEALING AN ADVERSE DETERMINATION FOR SUCH SERVICES THAN THE  
53 INSURED WOULD HAVE INCURRED IF SUCH SERVICES WERE APPROVED BY THE UTILI-  
54 ZATION REVIEW AGENT.

55 S 4. Section 4902 of the insurance law is amended by adding two new  
56 subsections (c) and (d) to read as follows:

(C) I. WHEN CONDUCTING A UTILIZATION REVIEW FOR PURPOSES OF DETERMINING HEALTH CARE COVERAGE FOR CHEMICAL DEPENDENCE OR SUBSTANCE USE DISORDERS, A UTILIZATION REVIEW AGENT SHALL BE A HEALTH CARE PROVIDER WHO SPECIALIZES IN BEHAVIORAL HEALTH AND WHO HAS EXPERIENCE IN THE DELIVERY OF CHEMICAL DEPENDENCE OR SUBSTANCE USE DISORDER COURSES OF TREATMENT TO SUPERVISE AND OVERSEE THE MEDICAL MANAGEMENT DECISIONS RELATING TO SUCH TREATMENT.

II. A UTILIZATION REVIEW AGENT SHALL UTILIZE RECOGNIZED EVIDENCE-BASED AND PEER REVIEWED CLINICAL REVIEW CRITERIA THAT IS APPROPRIATE TO THE AGE OF THE PATIENT AND IS DEEMED APPROPRIATE AND APPROVED FOR SUCH USE BY THE COMMISSIONER OF THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES IN CONSULTATION WITH THE COMMISSIONER OF HEALTH AND THE SUPERINTENDENT.

III. THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES IN CONSULTATION WITH THE COMMISSIONER OF HEALTH AND THE SUPERINTENDENT SHALL APPROVE A RECOGNIZED EVIDENCE-BASED AND PEER REVIEWED CLINICAL REVIEW CRITERIA, IN ADDITION TO ANY OTHER APPROVED EVIDENCE-BASED AND PEER REVIEWED CLINICAL REVIEW CRITERIA.

(D) WHERE AN INSURED'S HEALTHCARE PROVIDER BELIEVES AN IMMEDIATE APPEAL OF AN ADVERSE DETERMINATION FOR TREATMENT RELATING TO CHEMICAL DEPENDENCE OR SUBSTANCE USE DISORDER IS WARRANTED, ALL INTERNAL APPEALS SHALL BE CONDUCTED ON AN EXPEDITED BASIS AS SET FORTH IN SUBSECTION (B) OF SECTION FOUR THOUSAND NINE HUNDRED FOUR OF THIS ARTICLE. WHERE AN INSURED'S HEALTH CARE PROVIDER DETERMINES THAT A DELAY IN PROVIDING CHEMICAL DEPENDENCE OR SUBSTANCE USE DISORDER TREATMENT WOULD POSE A SERIOUS THREAT TO THE HEALTH OR SAFETY OF THE INSURED, EXTERNAL APPEALS OF UTILIZATION REVIEW DETERMINATION WILL BE CONDUCTED ON AN EXPEDITED BASIS AS SET FORTH IN PARAGRAPH THREE OF SUBSECTION (B) OF SECTION FOUR THOUSAND NINE HUNDRED FOURTEEN OF THIS ARTICLE.

S 5. Subsection (c) of section 4903 of the insurance law, as amended by chapter 237 of the laws of 2009, is amended to read as follows:

(c) A utilization review agent shall make a determination involving continued or extended health care services, additional services for an insured undergoing a course of continued treatment prescribed by a health care provider, REQUESTS FOR TREATMENT FOR CHEMICAL DEPENDENCE OR SUBSTANCE USE DISORDER, or home health care services following an inpatient hospital admission, and shall provide notice of such determination to the insured or the insured's designee, which may be satisfied by notice to the insured's health care provider, by telephone and in writing within one business day of receipt of the necessary information except, with respect to home health care services following an inpatient hospital admission OR REQUESTS FOR TREATMENT FOR CHEMICAL DEPENDENCE OR SUBSTANCE USE DISORDER, within seventy-two hours of receipt of the necessary information when the day subsequent to the request falls on a weekend or holiday. Notification of continued or extended services shall include the number of extended services approved, the new total of approved services, the date of onset of services and the next review date. Provided that a request for home health care services and all necessary information is submitted to the utilization review agent prior to discharge from an inpatient hospital admission pursuant to this subsection, a utilization review agent shall not deny, on the basis of medical necessity or lack of prior authorization, coverage for home health care services while a determination by the utilization review agent is pending. PROVIDED THAT A REQUEST FOR TREATMENT FOR CHEMICAL DEPENDENCE OR SUBSTANCE USE DISORDER AND ALL NECESSARY INFORMATION IS SUBMITTED TO THE UTILIZATION REVIEW AGENT PURSUANT TO THIS SUBSECTION, A

1 UTILIZATION REVIEW AGENT SHALL NOT DENY, ON THE BASIS OF MEDICAL NECES-  
2 SITY OR LACK OF PRIOR AUTHORIZATION, COVERAGE FOR CHEMICAL DEPENDENCE OR  
3 SUBSTANCE USE DISORDER TREATMENT WHILE A DETERMINATION BY THE UTILIZA-  
4 TION REVIEW AGENT IS PENDING. PROVIDED THAT UPON ADMISSION TO INPATIENT  
5 AND RESIDENTIAL TREATMENT FOR CHEMICAL DEPENDENCY OR SUBSTANCE USE  
6 DISORDER, THE UTILIZATION REVIEW AGENT SHALL NOT DENY, ON THE BASIS OF  
7 MEDICAL NECESSITY OR LACK OF PRIOR AUTHORIZATION, WHEN NOTICE OF ADMIS-  
8 SION FOR PURPOSES OF CARE COORDINATION WAS PROVIDED TO THE UTILIZATION  
9 REVIEW AGENT WITHIN TWENTY-FOUR HOURS OF AN ADMISSION; AND A REQUEST FOR  
10 TREATMENT FOR CHEMICAL DEPENDENCE OR SUBSTANCE USE DISORDER AND ALL  
11 NECESSARY INFORMATION IS SUBMITTED TO THE UTILIZATION REVIEW AGENT  
12 PURSUANT TO THIS SUBSECTION.

13 S 6. Subsection (b) of section 4904 of the insurance law, as amended  
14 by chapter 237 of the laws of 2009, is amended to read as follows:

15 (b) A utilization review agent shall establish an expedited appeal  
16 process for appeal of an adverse determination involving (1) continued  
17 or extended health care services, procedures or treatments or additional  
18 services for an insured undergoing a course of continued treatment  
19 prescribed by a health care provider or home health care services  
20 following discharge from an inpatient hospital admission pursuant to  
21 subsection (c) of section four thousand nine hundred three of this arti-  
22 cle or (2) an adverse determination in which the health care provider  
23 believes an immediate appeal is warranted except any retrospective  
24 determination. Such process shall include mechanisms which facilitate  
25 resolution of the appeal including but not limited to the sharing of  
26 information from the insured's health care provider and the utilization  
27 review agent by telephonic means or by facsimile. The utilization review  
28 agent shall provide reasonable access to its clinical peer reviewer  
29 within one business day of receiving notice of the taking of an expe-  
30 dited appeal. Expedited appeals shall be determined within two business  
31 days of receipt of necessary information to conduct such appeal. Expe-  
32 dited appeals which do not result in a resolution satisfactory to the  
33 appealing party may be further appealed through the standard appeal  
34 process, or through the external appeal process pursuant to section four  
35 thousand nine hundred fourteen of this article as applicable. PROVIDED  
36 THAT THE INSURED OR THE INSURED'S HEALTH CARE PROVIDER NOTIFIES THE  
37 UTILIZATION REVIEW AGENT OF ITS INTENT TO FILE AN EXTERNAL APPEAL IMME-  
38 DIATELY UPON RECEIPT OF AN APPEAL DETERMINATION AND A REQUEST FOR AN  
39 EXPEDITED EXTERNAL APPEAL FOR TREATMENT OF CHEMICAL DEPENDENCE OR  
40 SUBSTANCE USE DISORDER AND ALL NECESSARY INFORMATION IS SUBMITTED WITHIN  
41 TWENTY-FOUR HOURS OF RECEIPT OF AN APPEAL DETERMINATION, A UTILIZATION  
42 REVIEW AGENT SHALL NOT DENY, ON THE BASIS OF MEDICAL NECESSITY OR LACK  
43 OF PRIOR AUTHORIZATION, COVERAGE FOR SUCH TREATMENT WHILE A DETERMI-  
44 NATION BY THE EXTERNAL REVIEW AGENT IS PENDING.

45 S 7. Section 4902 of the public health law is amended by adding two  
46 new subdivisions 3 and 4 to read as follows:

47 3. I. WHEN CONDUCTING A UTILIZATION REVIEW FOR PURPOSES OF DETERMINING  
48 HEALTH CARE COVERAGE FOR CHEMICAL DEPENDENCE OR SUBSTANCE USE DISORDERS,  
49 A UTILIZATION REVIEW AGENT SHALL BE A HEALTH CARE PROVIDER WHO SPECIAL-  
50 IZES IN BEHAVIORAL HEALTH AND WHO HAS EXPERIENCE IN THE DELIVERY OF  
51 CHEMICAL DEPENDENCE OR SUBSTANCE USE DISORDER COURSES OF TREATMENT TO  
52 SUPERVISE AND OVERSEE THE MEDICAL MANAGEMENT DECISIONS RELATING TO SUCH  
53 TREATMENT.

54 II. A UTILIZATION REVIEW AGENT SHALL UTILIZE RECOGNIZED EVIDENCE-BASED  
55 AND PEER REVIEWED CLINICAL REVIEW CRITERIA THAT IS APPROPRIATE TO THE  
56 AGE OF THE PATIENT AND IS DEEMED APPROPRIATE AND APPROVED FOR SUCH USE

1 BY THE COMMISSIONER OF THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE  
2 SERVICES IN CONSULTATION WITH THE COMMISSIONER AND THE SUPERINTENDENT OF  
3 FINANCIAL SERVICES.

4 III. THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES IN CONSUL-  
5 TATION WITH THE COMMISSIONER AND THE SUPERINTENDENT OF FINANCIAL  
6 SERVICES SHALL APPROVE A RECOGNIZED EVIDENCE-BASED AND PEER REVIEWED  
7 CLINICAL REVIEW CRITERIA, IN ADDITION TO ANY OTHER APPROVED  
8 EVIDENCE-BASED AND PEER REVIEWED CLINICAL REVIEW CRITERIA.

9 4. WHERE AN INSURED'S HEALTHCARE PROVIDER BELIEVES AN IMMEDIATE APPEAL  
10 OF AN ADVERSE DETERMINATION FOR TREATMENT RELATING TO CHEMICAL DEPEND-  
11 ENCE OR SUBSTANCE USE DISORDER IS WARRANTED, ALL INTERNAL APPEALS SHALL  
12 BE CONDUCTED ON AN EXPEDITED BASIS AS SET FORTH IN SUBSECTION (B) OF  
13 SECTION FOUR THOUSAND NINE HUNDRED FOUR OF THIS TITLE. WHERE AN  
14 ENROLLEE'S HEALTH CARE PROVIDER DETERMINES THAT A DELAY IN PROVIDING  
15 CHEMICAL DEPENDENCE OR SUBSTANCE USE DISORDER TREATMENT WOULD POSE A  
16 SERIOUS THREAT TO THE HEALTH OR SAFETY OF THE ENROLLEE, EXTERNAL APPEALS  
17 OF UTILIZATION REVIEW DETERMINATIONS WILL BE CONDUCTED ON AN EXPEDITED  
18 BASIS AS SET FORTH IN PARAGRAPH (C) OF SUBDIVISION TWO OF SECTION FOUR  
19 THOUSAND NINE HUNDRED FOURTEEN OF THIS ARTICLE.

20 S 8. Subdivision 3 of section 4903 of the public health law, as  
21 amended by chapter 237 of the laws of 2009, is amended to read as  
22 follows:

23 3. A utilization review agent shall make a determination involving  
24 continued or extended health care services, additional services for an  
25 enrollee undergoing a course of continued treatment prescribed by a  
26 health care provider, REQUESTS FOR TREATMENT FOR CHEMICAL DEPENDENCE OR  
27 SUBSTANCE USE DISORDER, or home health care services following an inpa-  
28 tient hospital admission, and shall provide notice of such determination  
29 to the enrollee or the enrollee's designee, which may be satisfied by  
30 notice to the enrollee's health care provider, by telephone and in writ-  
31 ing within one business day of receipt of the necessary information  
32 except, with respect to home health care services following an inpatient  
33 hospital admission, OR REQUESTS FOR TREATMENT FOR CHEMICAL DEPENDENCE OR  
34 SUBSTANCE USE DISORDER, within seventy-two hours of receipt of the  
35 necessary information when the day subsequent to the request falls on a  
36 weekend or holiday. Notification of continued or extended services shall  
37 include the number of extended services approved, the new total of  
38 approved services, the date of onset of services and the next review  
39 date. Provided that a request for home health care services and all  
40 necessary information is submitted to the utilization review agent prior  
41 to discharge from an inpatient hospital admission pursuant to this  
42 subdivision, a utilization review agent shall not deny, on the basis of  
43 medical necessity or lack of prior authorization, coverage for home  
44 health care services while a determination by the utilization review  
45 agent is pending. PROVIDED THAT A REQUEST FOR TREATMENT FOR CHEMICAL  
46 DEPENDENCE OR SUBSTANCE USE DISORDER AND ALL NECESSARY INFORMATION IS  
47 SUBMITTED TO THE UTILIZATION REVIEW AGENT PURSUANT TO THIS SUBDIVISION,  
48 A UTILIZATION REVIEW AGENT SHALL NOT DENY, ON THE BASIS OF MEDICAL  
49 NECESSITY OR LACK OF PRIOR AUTHORIZATION, COVERAGE FOR CHEMICAL DEPEND-  
50 ENCE OR SUBSTANCE USE DISORDER TREATMENT SERVICES WHILE A DETERMINATION  
51 BY THE UTILIZATION REVIEW AGENT IS PENDING. PROVIDED THAT, UPON ADMIS-  
52 SION TO INPATIENT AND RESIDENTIAL TREATMENT, THE UTILIZATION REVIEW  
53 AGENT SHALL NOT DENY, ON THE BASIS OF MEDICAL NECESSITY OR LACK OF PRIOR  
54 AUTHORIZATION, WHEN NOTICE OF ADMISSION FOR PURPOSES OF CARE COORDI-  
55 NATION WAS PROVIDED TO THE UTILIZATION REVIEW AGENT WITHIN TWENTY-FOUR  
56 HOURS OF AN ADMISSION; AND A REQUEST FOR TREATMENT FOR SUBSTANCE USE

DISORDER AND ALL NECESSARY INFORMATION IS SUBMITTED TO THE UTILIZATION REVIEW AGENT PURSUANT TO THIS SUBDIVISION.

S 9. Subdivision 2 of section 4904 of the public health law, as amended by chapter 237 of the laws of 2009, is amended to read as follows:

2. A utilization review agent shall establish an expedited appeal process for appeal of an adverse determination involving:

(a) continued or extended health care services, procedures or treatments or additional services for an enrollee undergoing a course of continued treatment prescribed by a health care provider home health care services following discharge from an inpatient hospital admission pursuant to subdivision three of section forty-nine hundred three of this article; or

(b) an adverse determination in which the health care provider believes an immediate appeal is warranted except any retrospective determination. Such process shall include mechanisms which facilitate resolution of the appeal including but not limited to the sharing of information from the enrollee's health care provider and the utilization review agent by telephonic means or by facsimile. The utilization review agent shall provide reasonable access to its clinical peer reviewer within one business day of receiving notice of the taking of an expedited appeal. Expedited appeals shall be determined within two business days of receipt of necessary information to conduct such appeal. Expedited appeals which do not result in a resolution satisfactory to the appealing party may be further appealed through the standard appeal process, or through the external appeal process pursuant to section forty-nine hundred fourteen of this article as applicable. PROVIDED THAT THE INSURED OR THE INSURED'S HEALTH CARE PROVIDER NOTIFIES THE UTILIZATION REVIEW AGENT OF ITS INTENT TO FILE AN EXTERNAL APPEAL IMMEDIATELY UPON RECEIPT OF AN APPEAL DETERMINATION AND A REQUEST FOR AN EXPEDITED EXTERNAL APPEAL FOR TREATMENT OF CHEMICAL DEPENDENCE OR SUBSTANCE USE DISORDER AND ALL NECESSARY INFORMATION IS SUBMITTED WITHIN TWENTY-FOUR HOURS OF RECEIPT OF AN APPEAL DETERMINATION, A UTILIZATION REVIEW AGENT SHALL NOT DENY, ON THE BASIS OF MEDICAL NECESSITY OR LACK OF PRIOR AUTHORIZATION, COVERAGE FOR SUCH TREATMENT WHILE A DETERMINATION BY THE EXTERNAL REVIEW AGENT IS PENDING.

S 10. The superintendent of the department of financial services shall select a random sampling of chemical dependence or substance use disorder treatment coverage determinations and provide an analysis of whether or not such determinations are in compliance with the criteria established in this act and report its finding to the governor, the temporary president of the senate, and speaker of the assembly, the chairs of the senate and assembly insurance committees, and the chairs of the senate and assembly health committees no later than December 31, 2015.

S 11. 1. Within thirty days of the effective date of this act, the commissioner of the office of alcoholism and substance abuse services, superintendent of the department of financial services, and the commissioner of health, shall jointly convene a workgroup to study and make recommendations on improving access to and availability of chemical dependence or substance use disorder treatment services in the state. The workgroup shall be co-chaired by such commissioners and superintendent, and shall also include, but not be limited to, representatives of health care providers, insurers, additional professionals, individuals and families who have been affected by addiction. The workgroup shall include, but not be limited to, a review of the following:

1 a. Identifying barriers to obtaining necessary chemical dependence or  
2 substance use disorder treatment services for across the state;  
3 b. Recommendations for increasing access to and availability of chemi-  
4 cal dependence or substance use disorder treatment services in the  
5 state, including underserved areas of the state;  
6 c. Identifying best clinical practices for chemical dependence or  
7 substance use disorder treatment services;  
8 d. A review of current insurance coverage requirements and recommenda-  
9 tions for improving insurance coverage for chemical dependence or  
10 substance use disorder and dependency treatment;  
11 e. Recommendations for improving state agency communication and  
12 collaboration relating to chemical dependence or substance use disorder  
13 treatment services in the state;  
14 f. Resources for affected individuals and families who are having  
15 difficulties obtaining necessary chemical dependence or substance use  
16 disorder treatment services; and  
17 g. Methods for developing quality standards to measure the performance  
18 of chemical dependence or substance use disorder treatment facilities in  
19 the state.

20 2. The workgroup shall submit a report of its findings and recommenda-  
21 tions to the governor, the temporary president of the senate, the speak-  
22 er of the assembly, the chairs of the senate and assembly insurance  
23 committees, and the chairs of the senate and assembly health committees  
24 no later than December 31, 2015.

25 S 12. This act shall take effect January 1, 2015; provided, however,  
26 that sections one through nine of this act shall apply to all policies  
27 and contracts issued, delivered, renewed, modified, altered, or amended  
28 after such date.