

HOUSE COMMITTEE OF REFERENCE AMENDMENT

Committee on Health & Human Services.

HB24-1149 be amended as follows:

1 Amend printed bill, page 4, line 6, after "(2)(c)," insert "(3)(a)(I)," and
2 after "**add**" insert "(3)(c)(III), (3.5),".

3 Page 7, line 20, strike "(c) (II) If" and substitute "(a) Except as provided
4 in subsection (3)(b) of this section, a prior authorization request is
5 deemed granted if a carrier or organization fails to:

6 (I) (A) Notify the provider and covered person, within five
7 business days after receipt of the request, that the request is approved,
8 denied, or incomplete and INDICATE: If DENIED, WHAT RELEVANT
9 ALTERNATIVE SERVICES OR TREATMENTS MAY BE A COVERED BENEFIT OR
10 ARE REQUIRED BEFORE APPROVAL OF THE DENIED SERVICE OR
11 TREATMENT; OR IF incomplete, ~~indicate~~ the specific additional
12 information, consistent with criteria posted pursuant to subsection (2)(a)
13 of this section, that is required to process the request; or

14 (B) Notify the provider and covered person, within five business
15 days after receiving the additional information required by the carrier or
16 organization pursuant to subsection (3)(a)(I)(A) of this section, that the
17 request is approved or denied AND, IF DENIED, INDICATE WHAT RELEVANT
18 ALTERNATIVE SERVICES OR TREATMENTS MAY BE A COVERED BENEFIT OR
19 ARE REQUIRED BEFORE APPROVAL OF THE DENIED SERVICE OR
20 TREATMENT; and

21 (c) (II) If".

22 Page 7, line 24, strike "must include" and substitute "must:

23 (A) Include".

24 Page 7, line 27, strike "MEDICATIONS" and substitute "TREATMENTS".

25 Page 8, strike line 1 and substitute: "HEALTH BENEFIT PLAN; OR

26 (B) IN THE CASE OF THE DENIAL OF A PRIOR AUTHORIZATION
27 REQUEST FOR A PRESCRIPTION DRUG, SPECIFY WHICH PRESCRIPTION DRUGS
28 AND DOSAGES IN THE SAME CLASS AS THE PRESCRIPTION DRUG FOR WHICH
29 THE PRIOR AUTHORIZATION REQUEST WAS DENIED ARE COVERED
30 PRESCRIPTION DRUGS UNDER THE HEALTH BENEFIT PLAN.

31 (III) A CARRIER'S, ORGANIZATION'S, OR PHARMACY BENEFIT
32 MANAGER'S COMPLIANCE".

33 Page 8, after line 3 insert:

34 "(3.5) (a) STARTING JANUARY 1, 2026, A CARRIER OR
35 ORGANIZATION SHALL HAVE, MAINTAIN, AND USE A PRIOR AUTHORIZATION

1 APPLICATION PROGRAMMING INTERFACE THAT AUTOMATES THE PRIOR
2 AUTHORIZATION PROCESS TO ENABLE A PROVIDER TO:

3 (I) DETERMINE WHETHER PRIOR AUTHORIZATION IS REQUIRED FOR
4 A HEALTH-CARE SERVICE;

5 (II) IDENTIFY PRIOR AUTHORIZATION INFORMATION AND
6 DOCUMENTATION REQUIREMENTS; AND

7 (III) FACILITATE THE EXCHANGE OF PRIOR AUTHORIZATION
8 REQUESTS AND DETERMINATIONS FROM THE PROVIDER'S ELECTRONIC
9 HEALTH RECORDS OR PRACTICE MANAGEMENT SYSTEMS THROUGH SECURE
10 ELECTRONIC TRANSMISSION.

11 (b) A CARRIER'S OR ORGANIZATION'S APPLICATION PROGRAMMING
12 INTERFACE MUST MEET THE MOST RECENT STANDARDS AND
13 IMPLEMENTATION SPECIFICATIONS ADOPTED BY THE SECRETARY OF THE
14 UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES AS
15 SPECIFIED IN 45 CFR 170.215 (a).

16 (c) IF A PROVIDER SUBMITS A PRIOR AUTHORIZATION REQUEST
17 THROUGH THE CARRIER'S OR ORGANIZATION'S APPLICATION PROGRAMMING
18 INTERFACE, THE CARRIER OR ORGANIZATION SHALL ACCEPT AND RESPOND
19 TO THE REQUEST THROUGH THE INTERFACE."

20 Page 13, line 6, after "**add**" insert "(3.3),".

21 Page 13, after line 12 insert:

22 "(3.3) STARTING JANUARY 1, 2026, IF A PROVIDER SUBMITS A
23 PRIOR AUTHORIZATION REQUEST TO A CARRIER OR PBM THROUGH A
24 SECURE ELECTRONIC TRANSMISSION SYSTEM THE CARRIER OR PBM USES
25 THAT COMPLIES WITH THE MOST RECENT VERSION OF THE NATIONAL
26 COUNCIL FOR PRESCRIPTION DRUG PROGRAMS SCRIPT STANDARD, OR ITS
27 SUCCESSOR STANDARD, AND 21 CFR 1311, THE CARRIER OR PBM SHALL
28 ACCEPT AND RESPOND TO THE REQUEST THOUGH THE SECURE ELECTRONIC
29 TRANSMISSION SYSTEM."

30 Page 15, after line 22 insert:

31 "(II) THIS SUBSECTION (5)(b) DOES NOT APPLY IF:

32 (A) THERE IS EVIDENCE THAT THE AUTHORIZATION WAS OBTAINED
33 FROM THE CARRIER OR PBM BASED ON FRAUD OR MISREPRESENTATION;

34 (B) FINAL ACTION BY THE FDA OR OTHER REGULATORY AGENCIES,
35 OR THE MANUFACTURER, REMOVES THE CHRONIC MAINTENANCE DRUG
36 FROM THE MARKET, LIMITS ITS USE IN A MANNER THAT AFFECTS THE
37 AUTHORIZATION, OR COMMUNICATES A PATIENT SAFETY ISSUE THAT
38 WOULD AFFECT THE AUTHORIZATION ALONE OR IN COMBINATION WITH
39 OTHER AUTHORIZATIONS; OR

40 (C) A GENERIC EQUIVALENT OR DRUG THAT IS BIOSIMILAR, AS

1 DEFINED IN 42 U.S.C. SEC. 262 (i)(2), TO THE PRESCRIBED CHRONIC
2 MAINTENANCE DRUG IS ADDED TO THE CARRIER'S OR PBM'S DRUG
3 FORMULARY.

4 (III) NOTHING IN THIS SUBSECTION (5)(b) REQUIRES A CARRIER OR
5 PBM TO PAY FOR A BENEFIT:

6 (A) THAT IS NOT A COVERED BENEFIT UNDER THE HEALTH BENEFIT
7 PLAN; OR

8 (B) IF THE PATIENT IS NO LONGER A COVERED PERSON UNDER THE
9 HEALTH BENEFIT PLAN ON THE DATE THE CHRONIC MAINTENANCE DRUG
10 WAS PRESCRIBED, DISPENSED, ADMINISTERED, OR DELIVERED."

11 Renumber succeeding subparagraph accordingly.

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