

HB1149_L.003

HOUSE COMMITTEE OF REFERENCE AMENDMENT

Committee on Health & Human Services.

HB24-1149 be amended as follows:

- 1 Amend printed bill, page 5, strike line 19 and substitute the following:
- 2 "(B.5) THE TOTAL NUMBER OF PRIOR".
- 3 Page 5, line 22 strike "AND".
- 4 Page 5, after line 22, insert:
 - 5 "(C) THE reason for THE denial IN EACH OF THE CATEGORIES
 - 6 SPECIFIED IN SUBSECTION (2)(c)(I)(A) OF THIS SECTION, WITH THE DENIAL
 - 7 REASONS SORTED BY CATEGORIES DEFINED BY RULE; and".
- 8 Page 6, line 16, strike "REQUESTS ARE APPROVED".
- 9 Page 6, strike line 17.
- 10 Page 6, line 18, strike "AUTHORIZATION REQUIREMENT".
- 11 Page 6, line 19, after "NOR" insert "SUBSTANTIALLY", and strike
- 12 "SPENDING TO A DEGREE" and substitute "SPENDING."
- 13 Page 6, strike line 20.
- 14 Page 6, line 21, strike "ORGANIZATION."
- 15 Page 6, line 22, after "ATTEST" insert "TO THE COMMISSIONER".
- 16 Page 7, line 14, strike "TO IMPLEMENT" and substitute "TO:
- 17 (A) IMPLEMENT".
- 18 Page 7, line 18, strike "CARRIERS." and substitute "CARRIERS; AND
- 19 (B) DEFINE CATEGORIES OF PRIOR AUTHORIZATION REQUEST
- 20 DENIALS FOR PURPOSES OF SUBSECTION (2)(c)(I)(C) OF THIS SECTION."
- 21 Page 13, line 5, after "**amend**" insert "(2)(a)(II)(A), (2)(c)(II)(A), (3)(a)
- 22 introductory portion, (3)(a)(I), (3)(a)(VI),"
- 23 Page 13, line 6, after "**repeal**" insert "(3)(a)(II) and".
- 24 Page 13, strike line 9 and substitute "**of commissioner - definitions -**

1 repeal. (2) (a) Except as provided in subsection (2)(b) or (2)(c) of this
2 section, a prior authorization request is deemed granted if a carrier or
3 pharmacy benefit management firm fails to:

4 (II) For prior authorization requests submitted electronically:

5 (A) Notify the prescribing provider, within two business days after
6 receipt of the request, that the request is approved, denied, or incomplete,
7 and if incomplete, indicate the specific additional information, consistent
8 with criteria posted pursuant to subparagraph (H) of paragraph (a) of
9 subsection (3) SUBSECTION (3.5)(a) of this section, that is required to
10 process the request; or

11 (c) For nonurgent prior authorization requests related to a covered
12 person's HIV prescription drug coverage, the prior authorization request
13 is deemed granted if a carrier or pharmacy benefit management firm fails
14 to:

15 (II) For prior authorization requests submitted electronically:

16 (A) Notify the prescribing provider within one business day after
17 receipt of the request that the request is approved, denied, or incomplete,
18 and if incomplete, indicate the specific additional information, consistent
19 with criteria posted pursuant to subsection (3)(a)(H) SUBSECTION (3.5)(a)
20 of this section, that is required to process the request; or

21 (3) (a) On or before July 31, 2014, The commissioner shall
22 develop, by rule, a uniform prior authorization process that:

23 (I) Is made available electronically by the carrier or pharmacy
24 benefit management firm, but that does not require the prescribing
25 provider to submit a prior authorization request electronically, AND
26 SATISFIES THE REQUIREMENTS OF SUBSECTION (3.3) OF THIS SECTION;

27 (II) Requires each carrier and pharmacy benefit management firm
28 to make the following available and accessible in a centralized location
29 on its website:

30 (A) Its prior authorization requirements and restrictions, including
31 a list of drugs that require prior authorization;

32 (B) Written clinical criteria that are easily understandable to the
33 prescribing provider and that include the clinical criteria for
34 reauthorization of a previously approved drug after the prior authorization
35 period has expired; and

36 (C) The standard form for submitting requests;

37 (VI) Requires carriers and pharmacy benefit management firms,
38 when notifying a prescribing provider of its decision to deny a prior
39 authorization request, to include THE INFORMATION REQUIRED BY SECTION
40 10-16-112.5 (3)(c)(II) AND a notice that the covered person has a right to
41 appeal the adverse determination pursuant to sections 10-16-113 and
42 10-16-113.5.

43 (b) In developing the".

44 Page 13, after line 18 insert:

1 "(I) THE CARRIER'S PRIOR AUTHORIZATION REQUIREMENTS AND
2 RESTRICTIONS, INCLUDING A LIST OF DRUGS THAT REQUIRE PRIOR
3 AUTHORIZATION;

4 (II) WRITTEN CLINICAL CRITERIA THAT ARE EASILY
5 UNDERSTANDABLE TO THE PRESCRIBING PROVIDER AND THAT INCLUDE THE
6 CLINICAL CRITERIA FOR REAUTHORIZATION OF A PREVIOUSLY APPROVED
7 DRUG AFTER THE PRIOR AUTHORIZATION PERIOD HAS EXPIRED;

8 (III) THE STANDARD FORM FOR SUBMITTING PRIOR AUTHORIZATION
9 REQUESTS;"

10 Renumber succeeding subparagraphs accordingly.

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