

HB0323S01 compared with HB0323

~~{deleted text}~~ shows text that was in HB0323 but was deleted in HB0323S01.

inserted text shows text that was not in HB0323 but was inserted into HB0323S01.

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Representative Bradley G. Last proposes the following substitute bill:

HEALTH INSURANCE PRIOR AUTHORIZATION

2013 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Bradley G. Last

Senate Sponsor: _____

LONG TITLE

General Description:

This bill amends the Insurance Code related to health insurance and prior authorization forms for prescription drugs.

Highlighted Provisions:

This bill:

- ▶ ~~{defines terms}~~

→ ~~requires the commissioner of insurance to adopt rules by July 1, 2013, to standardize the~~ requires a health insurer to use a uniform electronic prior authorization ~~{forms required by health insurers for}~~ prescription ~~{drugs}~~

→ ~~requires public input for the administrative rules}~~ drug form beginning January 1, 2014; and

- ▶ requires the ~~{health insurers to accept the standard form and reply to the standard~~

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~~form within two days after submission of the~~ Insurance Commissioner to adopt administrative rules in consultation with national and state organizations involved with the standardized exchange of health data, and the electronic exchange of health data, to develop the standard form.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

ENACTS:

~~{31A-22-635}~~ 31A-22-614.57, Utah Code Annotated 1953

Be it enacted by the Legislature of the state of Utah:

Section 1. Section ~~{31A-22-635}~~ 31A-22-614.57 is enacted to read:

~~{31A-22-635.5. Uniform}~~ 31A-22-614.7. Uniform claims processing -- Electronic exchange of prescription drug pre-authorization.

(1) (a) Except as provided in Subsection (1)(b), beginning January 1, 2104, all insurers offering health insurance shall use a uniform electronic prescription drug prior authorization form.

(b) For purposes of Subsection (1)(a), "health insurance" does not include a policy or certificate that provides benefits solely for:

(i) income replacement; or

(ii) long-term care.

(2) (a) The uniform electronic prescription drug prior authorization form required in Subsection (1) shall be adopted and approved by the commissioner in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

(b) When adopting rules under this section the commissioner:

(i) shall:

(A) consult with national and state organizations involved with the standardized exchange of health data, and the electronic exchange of health data, to develop the standards for the use and electronic exchange of a uniform prescription drug prior authorization form~~{.}~~;

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and

~~{1} For purposes of this section, "health insurer" is as defined in Subsection 31A-22-634(1):~~

~~— (2)B) meet federal mandatory minimum standards following the adoption of national requirements for transaction and data elements in the federal Health Insurance Portability and Accountability Act; and~~

~~(ii) may not require an insurer or administrator to use a specific software product or vendor.~~

~~(c) The commissioner shall {on or before July 1, 2013, adopt an administrative rule to:~~

~~— (a) prescribe a form for requesting; regulate any fees charged by insurers to the providers for uniform prescription drug prior authorization {of prescription drug benefits;~~

~~— (b) require a health insurer to use the form for any prior authorization of prescription drug benefits required by the plan;~~

~~— (c) require that the department and a health insurer make the form available electronically; and~~

~~— (d) allow a completed form to be submitted electronically by the prescribing provider to the health insurer or the agent of the health insurer that manages or administers prescription drug benefits;~~

~~— (3) An administrative rule adopted by the commissioner under this section shall:~~

~~— (a) limit the form, as printed, to not more than two pages;~~

~~— (b) develop the form with input from interested parties received at one or more public meetings; and~~

~~— (c) take into consideration:~~

~~— (i) any form for requesting prior authorization of benefits that is widely used in this state or any form currently used by the department;~~

~~— (ii) request }forms{ for prior authorization of benefits established by the federal Centers for Medicare and Medicaid Services; and~~

~~— (iii) national standards, or draft standards, pertaining to electronic prior authorization of benefits}.~~

~~{ (4) If a health insurer fails to use or accept the form required by this section, or fails to respond within two business days of receipt to a completed form submitted by a prescribing~~

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~~provider, the prior authorization is considered granted by the health insurer.~~

Legislative Review Note

~~as of 2-8-13 11:39 AM~~

~~Office of Legislative Research and General Counsel}~~