

**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 prior authorization forms required by health insurers for prescription drugs;
- ▶ requires public input for the administrative rules; and
- ▶ requires the health insurers to accept the standard form and reply to the standard form within two days after submission of the form.

**Money Appropriated in this Bill:**

None

**Other Special Clauses:**

None

**Utah Code Sections Affected:**

ENACTS:

**31A-22-635.5**, Utah Code Annotated 1953

---

---



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

29 Section 1. Section **31A-22-635.5** is enacted to read:

30 **31A-22-635.5. Uniform prescription drug prior authorization form.**

31 (1) For purposes of this section, "health insurer" is as defined in Subsection

32 31A-22-634(1).

33 (2) The commissioner shall on or before July 1, 2013, adopt an administrative rule to:

34 (a) prescribe a form for requesting prior authorization of prescription drug benefits;

35 (b) require a health insurer to use the form for any prior authorization of prescription

36 drug benefits required by the plan;

37 (c) require that the department and a health insurer make the form available

38 electronically; and

39 (d) allow a completed form to be submitted electronically by the prescribing provider

40 to the health insurer or the agent of the health insurer that manages or administers prescription

41 drug benefits.

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

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

44 (b) develop the form with input from interested parties received at one or more public

45 meetings; and

46 (c) take into consideration:

47 (i) any form for requesting prior authorization of benefits that is widely used in this

48 state or any form currently used by the department;

49 (ii) request forms for prior authorization of benefits established by the federal Centers

50 for Medicare and Medicaid Services; and

51 (iii) national standards, or draft standards, pertaining to electronic prior authorization

52 of benefits.

53 (4) If a health insurer fails to use or accept the form required by this section, or fails to

54 respond within two business days of receipt to a completed form submitted by a prescribing

55 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**