Rep. Butler, Carr. 7
March 1, 2016
2016-0799h
01/04

Amendment to HB 1608-FN

Amend the bill by replacing all after the enacting clause with the following:

1 New Paragraph; Utilization Review; Prior Authorization Forms. Amend RSA 420-J:6 by inserting after paragraph VI the following new paragraph:

VII. All health insurers, health maintenance organizations, health services corporations, medical services corporations and preferred provider programs, including Medicaid managed care entities under RSA 126-A:5, XIX, shall, when requiring prior authorization for a prescription drug, use and accept only the prior authorization form described in this paragraph.

(a) On or before March 1, 2017, the commissioner shall adopt rules, pursuant to RSA 541-A, specifying the contents of the uniform prior authorization form for prescription drug benefits, consistent with the requirements of this paragraph. In developing the form, the commissioner shall seek input from interested stakeholders, and shall consider standards established by the federal Centers for Medicare and Medicaid Services and any other national standards pertaining to prior authorization.

(b) The prior authorization form adopted under this paragraph shall:

(1) Not exceed 2 pages;

(2) Be made available electronically; and

(3) Be capable of being submitted electronically.

(c) If an entity listed in this paragraph fails to use or accept the uniform prior authorization form, or fails to respond within 2 business days after receiving a completed prior authorization request from a provider, the prior authorization request shall be deemed to have been granted.

(d) Nothing in this paragraph shall prohibit use of prior authorization methodology that utilizes an Internet webpage, Internet webpage portal, or similar electronic, Internet, and web-based system in lieu of a paper form, provided that the form used is consistent with the rules developed under this paragraph.

(e) Nothing in this paragraph shall prohibit the use of prior authorization for prescription drug benefits.

2 New Section; Licensure of Medical Utilization Review Entities; Uniform Prior Authorization Forms for Prescription Drug Benefits. Amend RSA 420-E by inserting after section 4 the following new section:

420-E:4-a Uniform Prior Authorization Forms for Prescription Drug Benefits.

I. All licensees under this chapter shall, when requiring prior authorization for a prescription drug, use and accept only the prior authorization form adopted by the commissioner under RSA 420-J:6, VII.

II. If a licensee fails to use or accept the uniform prior authorization form, or fails to respond within 2 business days after receiving a completed prior authorization request from a provider, the prior authorization request shall be deemed to have been granted.

III. Nothing in this section shall prohibit use of prior authorization methodology that utilizes an Internet webpage, Internet webpage portal, or similar electronic, Internet, and web-based system in lieu of a paper form, provided that the form used is consistent with the rules developed under RSA 420-J:6, VII.

IV. Nothing in this section shall prohibit the use of prior authorization for prescription drug benefits.

V. This section shall apply to RSA 420-J and shall not apply to the Medicaid managed care program under RSA 126-A:5, XIX.

3 Effective Date. This act shall take effect 60 days after its passage.

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AMENDED ANALYSIS

This bill requires health insurers, health maintenance organizations, health services corporations, medical services corporations, preferred provider programs, and Medicaid managed care entities to use and accept only the uniform prior authorization forms developed by the commissioner of insurance in accordance with rules adopted pursuant to RSA 541-A.