Health and Human Services
April 20, 2016
2016-1498s
01/09

Amendment to HB 1608-FN

Amend the title of the bill by replacing it with the following:

AN ACT relative to uniform prior authorization forms and criteria.

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

1 New Paragraph; Utilization Review; Prior Authorization Forms and Criteria. 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 shall, when requiring prior authorization for a prescription drug, use and accept only the prior authorization content and criteria described in this paragraph.

(a) On or before March 1, 2017, the commissioner shall adopt rules, pursuant to RSA 541-A, specifying the contents and format of the uniform prior authorization paper form and the criteria for prescription drug benefits, consistent with the requirements of this paragraph. In developing the content and criteria, 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 content and criteria adopted under this paragraph shall not exceed 2 pages in length for the paper authorization form.

(c) If an entity listed in this paragraph fails to use or accept the paper form or electronic criteria permitted for prior authorization, 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 the required 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 when the prescriber has broadband Internet access and the capability to prescribe electronically, provided that the form used is consistent with the rules developed under this paragraph and a secure electronic connection is available at no cost to the prescriber.

(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 and Criteria 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 and Criteria 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 paper form or electronic criteria 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 electronic criteria, 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 the required 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 when the prescriber has broadband Internet access and the capability to prescribe electronically, provided that the form used is consistent with the rules developed under RSA 420-J:6, VII and a secure electronic connection is available at no cost to the prescriber.

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 New Paragraph; Managed Care Law; Prescription Drugs. Amend RSA by inserting after paragraph the following new :

IV-c.(a) All licensees under this chapter shall, when requiring prior authorization for a prescription drug, use and accept only the prior authorization paper form or electronic criteria adopted by the commissioner under RSA 420-J:6, VII.

(b) If a licensee fails to use or accept the uniform prior authorization form or electronic criteria, 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.

(c) Nothing in this section shall prohibit the required 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 when the prescriber has broadband Internet access and the capability to prescribe electronically, provided that the form used is consistent with the rules developed under RSA 420-J:6, VII and a secure electronic connection is available at no cost to the prescriber.

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

(e) This section shall apply to this chapter and shall not apply to the Medicaid managed

care program under RSA 126-A:5, XIX.

4 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, and preferred provider programs to use and accept only the uniform prior authorization forms and criteria developed by the commissioner of insurance in accordance with rules adopted pursuant to RSA 541-A.