Sen. Sanborn, Dist 9
April 28, 2016
2016-1655s
01/09

Floor 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.

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

1 Purpose. The purpose of this act is to provide administration simplification in the prior authorization process for prescription drugs and to encourage the use of electronic prior authorization technology.

2 New Paragraph; Managed Care Law; Uniform Prior Authorizations Forms and Electronic Standard for Prescription Drug Benefits. Amend RSA 420-J:7-b by inserting after paragraph IV-b the following new paragraph:

IV-c.(a) Beginning July 1, 2017, all health insurers, health maintenance organizations, health services corporations, medical services corporations, and preferred provider programs may, when requiring prior authorization for a prescription drug, use and accept the prior authorization paper forms or electronic standard described in this paragraph.

(b) Beginning December 31, 2017, 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 paper forms or electronic standard described in this paragraph.

(c) 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 forms and the electronic prior authorization standard, consistent with the requirements of this paragraph. In developing the paper forms and the electronic standard, the commissioner shall seek input from interested stakeholders, including, but not limited to, prescribers, pharmacists, carriers, and prescription benefits managers, and shall support adoption of nationally recognized standards for electronic prior authorization of prescription drugs, including those provided by the National Council for Prescription Drug Programs or an equivalent organization as available.

(d) The prior authorization paper forms adopted under this paragraph shall not exceed 2 pages in length.

(e) Nothing in this paragraph shall require a carrier or pharmacy benefits manager to use electronic prior authorization. A carrier or pharmacy benefits manager shall not require use of

electronic prior authorization when:

(1) A pharmacist or prescriber lacks broadband Internet access;

(2) A pharmacist or prescriber has low patient volume;

(3) A pharmacist or prescriber has opted-out for a certain medical condition or for a patient request;

(4) A pharmacist or prescriber lacks an electronic medical record system;

(5) The electronic prior authorization interface does not provide for the pre-population of prescriber and patient information; or

(6) The electronic prior authorization interface requires an additional cost to the prescriber.

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

(g) 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 Section; Licensure of Medical Utilization Review Entities; Uniform Prior Authorization Forms and Electronic Standard 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 Electronic Standard for Prescription Drug Benefits.

I. Beginning July 1, 2017, all health insurers, health maintenance organizations, health services corporations, medical services corporations, and preferred provider programs may, when requiring prior authorization for a prescription drug, use and accept the prior authorization paper forms or electronic standard described in this section.

II. Beginning December 31, 2017, 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 paper forms or electronic standard described in this section.

III. 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 forms and the electronic prior authorization standard, consistent with the requirements of this section. In developing the paper forms and the electronic standard, the commissioner shall seek input from interested stakeholders, including but not limited to prescribers, pharmacists, carriers, and prescription benefits managers, and shall support adoption of nationally recognized standards for electronic prior authorization of prescription drugs, including those provided by the National Council for Prescription Drug Programs or an equivalent organization as available.

IV. The prior authorization paper forms adopted under this section shall not exceed 2 pages in length.

V. Nothing in this section shall require a carrier or pharmacy benefits manager to use electronic prior authorization. A carrier or pharmacy benefits manager shall not require use of electronic prior authorization when:

(a) A pharmacist or prescriber lacks broadband Internet access;

(b) A pharmacist or prescriber has low patient volume;

(c) A pharmacist or prescriber has opted-out for a certain medical condition or for a patient request;

(d) A pharmacist or prescriber lacks an electronic medical record system;

(e) The electronic prior authorization interface does not provide for the pre-population of prescriber and patient information; or

(f) The electronic prior authorization interface requires an additional cost to the prescriber.

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

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

4 Effective Date. This act shall take effect upon 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 after December 31, 2017.