

SB078_L.001

SENATE COMMITTEE OF REFERENCE AMENDMENT

Committee on Health & Human Services.

SB22-078 be amended as follows:

1 Amend printed bill, page 2, lines 2 and 3, strike "**amend** (4)(b)(II)(A)"
2 and substitute "**add** (4)(b)(II)(C) and (4)(c)".

3 Page 2, strike lines 6 through 20.

4 Page 3, strike lines 1 and 2 and substitute "**exceptions - definitions -**
5 **rules - repeal. (4) Criteria, limits, and exceptions.** (b) (II) (C) THIS
6 SUBSECTION (4)(b)(II) IS REPEALED, EFFECTIVE JANUARY 1, 2023.

7 (c) (I) ON AND AFTER JANUARY 1, 2023, A CARRIER OR
8 ORGANIZATION SHALL OFFER A QUALIFIED PROVIDER AT LEAST ONE
9 ALTERNATIVE TO PRIOR AUTHORIZATION, INCLUDING:

10 (A) AN EXEMPTION FROM PRIOR AUTHORIZATION REQUIREMENTS;

11 (B) AN INCENTIVE AWARDED TO THE PROVIDER THAT REDUCES
12 THE WAIT TIME FOR OR ADMINISTRATIVE BURDEN ON A COVERED PERSON
13 TO RECEIVE THE REQUESTED HEALTH-CARE SERVICE; OR

14 (C) ANY OTHER INNOVATIVE PROGRAM OF THE CARRIER'S OR
15 ORGANIZATION'S DESIGN TO REWARD PROVIDER COMPLIANCE WITH THE
16 CARRIER'S OR ORGANIZATION'S PRIOR AUTHORIZATION REQUIREMENTS
17 AND THAT REDUCES THE WAIT TIME FOR OR ADMINISTRATIVE BURDEN ON
18 A COVERED PERSON TO RECEIVE THE REQUESTED HEALTH-CARE SERVICE.

19 (II) A PROVIDER IS A QUALIFIED PROVIDER FOR PURPOSES OF
20 SUBSECTION (4)(c)(I) OF THIS SECTION IF THE PROVIDER:

21 (A) IS A PARTICIPATING PROVIDER AND HAS BEEN A PARTICIPATING
22 PROVIDER CONTINUOUSLY FOR AT LEAST THE IMMEDIATELY PRECEDING
23 TWELVE MONTHS; AND

24 (B) OVER THE IMMEDIATELY PRECEDING TWELVE MONTHS, HAS AT
25 LEAST A NINETY-FIVE PERCENT APPROVAL RATE ON AT LEAST FIFTY PRIOR
26 AUTHORIZATION REQUESTS SUBMITTED FOR COVERED PERSONS UNDER A
27 HEALTH BENEFIT PLAN OFFERED BY THE CARRIER.

28 (III) NEITHER A CARRIER NOR AN ORGANIZATION IS REQUIRED TO
29 OFFER AN ALTERNATIVE TO PRIOR AUTHORIZATION TO A PROVIDER THAT
30 IS NOT QUALIFIED PURSUANT TO SUBSECTION (4)(c)(II) OF THIS SECTION,
31 INCLUDING A PROVIDER THAT HAS NOT SUBMITTED PRIOR AUTHORIZATION
32 REQUESTS TO THE CARRIER OR ORGANIZATION FOR AT LEAST TWELVE
33 MONTHS.

34 (IV) AT LEAST ANNUALLY, A CARRIER OR ORGANIZATION SHALL
35 REEXAMINE A PROVIDER'S PRESCRIBING OR ORDERING PATTERNS AND
36 REEVALUATE WHETHER THE PROVIDER IS A QUALIFIED PROVIDER FOR
37 PURPOSES OF AN EXEMPTION FROM OR OTHER ALTERNATIVE TO PRIOR
38 AUTHORIZATION REQUIREMENTS PURSUANT TO SUBSECTION (4)(c)(I) OF

1 THIS SECTION.

2 (V) THE CARRIER OR ORGANIZATION SHALL INFORM THE PROVIDER
3 OF THE PROVIDER'S EXEMPTION STATUS AND PROVIDE INFORMATION ON
4 THE DATA CONSIDERED AS PART OF ITS REEXAMINATION OF THE
5 PROVIDER'S PRESCRIBING OR ORDERING PATTERNS FOR THE
6 TWELVE-MONTH PERIOD OF REVIEW."

7 Page 3, line 14, strike "A" and substitute "ON AND AFTER JANUARY 1,
8 2023, A".

9 Page 3, strike lines 15 through 17 and substitute "SHALL OFFER A
10 QUALIFIED PRESCRIBING PROVIDER AT LEAST ONE ALTERNATIVE".

11 Page 3, line 20, strike "PROVIDER;" and substitute "PROVIDER THAT
12 REDUCES THE WAIT TIME FOR OR ADMINISTRATIVE BURDEN ON A COVERED
13 PERSON TO RECEIVE THE REQUESTED DRUG BENEFIT;"

14 Page 3, line 24, strike "REQUIREMENTS." and substitute "REQUIREMENTS
15 AND THAT REDUCES THE WAIT TIME FOR OR ADMINISTRATIVE BURDEN ON
16 A COVERED PERSON TO RECEIVE THE REQUESTED DRUG BENEFIT.

17 (II) A PRESCRIBING PROVIDER IS A QUALIFIED PRESCRIBING
18 PROVIDER FOR PURPOSES OF SUBSECTION (5)(b)(I) OF THIS SECTION IF THE
19 PRESCRIBING PROVIDER:

20 (A) IS A PARTICIPATING PROVIDER AND HAS BEEN A PARTICIPATING
21 PROVIDER CONTINUOUSLY FOR AT LEAST THE IMMEDIATELY PRECEDING
22 TWELVE MONTHS; AND

23 (B) OVER THE IMMEDIATELY PRECEDING TWELVE MONTHS, HAS AT
24 LEAST A NINETY-FIVE PERCENT APPROVAL RATE ON AT LEAST FIFTY PRIOR
25 AUTHORIZATION REQUESTS SUBMITTED FOR COVERED PERSONS UNDER A
26 HEALTH BENEFIT PLAN OFFERED BY THE CARRIER.

27 (III) NEITHER A CARRIER NOR A PHARMACY BENEFIT MANAGEMENT
28 FIRM IS REQUIRED TO OFFER AN ALTERNATIVE TO PRIOR AUTHORIZATION
29 TO A PRESCRIBING PROVIDER THAT IS NOT QUALIFIED PURSUANT TO
30 SUBSECTION (5)(b)(II) OF THIS SECTION, INCLUDING A PRESCRIBING
31 PROVIDER THAT HAS NOT SUBMITTED PRIOR AUTHORIZATION REQUESTS TO
32 THE CARRIER OR PHARMACY BENEFIT MANAGEMENT FIRM FOR AT LEAST
33 TWELVE MONTHS."

34 Renumber succeeding subparagraphs accordingly.

35 Page 3, line 27, after "REEVALUATE" insert "WHETHER".

36 Page 4, line 1, strike "PROVIDER'S STATUS FOR" and substitute "PROVIDER

1 IS A QUALIFIED PRESCRIBING PROVIDER FOR PURPOSES OF AN".

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