

HB0751/296884/1

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 751
(First Reading File Bill)

AMENDMENT NO. 2

On page 1, strike beginning with “requiring” in line 3 down through “situation;” in line 15; in line 16, strike “or device”; in line 18, after “prescription” insert “for a certain period of time”; strike beginning with “providing” in line 18 down through “condition;” in line 22; in line 22, after “database” insert “for certain prior authorizations”; strike beginning with “requiring” in line 24 down through “terms;” in line 25 and substitute “requiring certain entities to honor a prior authorization from a certain entity for benefits for at least a certain amount of time; authorizing a certain entity to perform a certain review during a certain period of time; requiring a certain entity to honor a prior authorization issued by the entity under certain circumstances; providing that a certain entity may not be required to honor a certain prior authorization for a change in dosage of an opioid; requiring a certain entity, under certain circumstances, to provide certain notice of a certain prior authorization requirement to certain persons;”.

On page 2, in line 1, strike “15–140.1 and”.

AMENDMENT NO. 2

On pages 2 through 4, strike in their entirety the lines beginning with line 7 on page 2 through line 4 on page 4, inclusive.

On pages 4 and 5, strike beginning with “(A)” in line 6 on page 4 down through “(B)” in line 3 on page 5 and substitute “(A)”.

On page 5, in lines 5 and 9, in each instance, strike “OR DEVICES” and substitute “THROUGH A PHARMACY BENEFIT”; in line 13, strike “OR DEVICES”; in the same line, strike “BENEFIT” and substitute “BENEFITS”; strike in their entirety lines 18 through 25, inclusive; in line 26, strike “(D)” and substitute “(B)”; in lines 27, 29, and 32, in each

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instance, strike “OR DEVICE”; and in lines 30 and 32, in each instance, strike “OR LONG-TERM CARE”.

On page 6, in line 1, strike “OR DEVICE” and substitute “FOR 1 YEAR OR FOR THE STANDARD COURSE OF TREATMENT FOR THE CHRONIC CONDITION BEING TREATED, WHICHEVER IS LESS”; strike in their entirety lines 2 through 6, inclusive; strike beginning with “IF” in line 7 down through “AUTHORIZATION” in line 8 and substitute “FOR A PRIOR AUTHORIZATION THAT IS FILED ELECTRONICALLY”; in line 11, strike “(E) (1)” and substitute “(C)”; in line 12, strike “OR DEVICE”; in line 14, strike “UTILIZATION MANAGEMENT RESTRICTION” and substitute “REQUIREMENT FOR PRIOR AUTHORIZATION”; strike in their entirety lines 15 through 19, inclusive; and after line 19, insert:

“(D) (1) ON RECEIPT OF INFORMATION DOCUMENTING A PRIOR AUTHORIZATION FROM THE INSURED OR FROM THE INSURED’S HEALTH CARE PROVIDER, AN ENTITY SUBJECT TO THIS SECTION SHALL HONOR A PRIOR AUTHORIZATION GRANTED TO AN INSURED FROM A PREVIOUS ENTITY FOR AT LEAST THE INITIAL 30 DAYS OF AN INSURED’S PRESCRIPTION DRUG BENEFIT COVERAGE UNDER THE HEALTH BENEFIT PLAN OF THE NEW ENTITY.

“(2) DURING THE TIME PERIOD DESCRIBED IN PARAGRAPH (1) OF THIS SUBSECTION, AN ENTITY MAY PERFORM ITS OWN REVIEW TO GRANT A PRIOR AUTHORIZATION FOR THE PRESCRIPTION DRUG.

“(E) (1) AN ENTITY SUBJECT TO THIS SECTION SHALL HONOR A PRIOR AUTHORIZATION ISSUED BY THE ENTITY FOR A PRESCRIPTION DRUG:

“(I) IF THE INSURED CHANGES HEALTH BENEFIT PLANS THAT ARE BOTH COVERED BY THE SAME ENTITY AND THE PRESCRIPTION DRUG IS A COVERED BENEFIT UNDER THE CURRENT HEALTH BENEFIT PLAN; OR

(II) EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION, WHEN THE DOSAGE FOR THE APPROVED PRESCRIPTION DRUG CHANGES AND THE CHANGE IS CONSISTENT WITH FEDERAL FOOD AND DRUG ADMINISTRATION LABELED DOSAGES.

(2) AN ENTITY MAY NOT BE REQUIRED TO HONOR A PRIOR AUTHORIZATION FOR A CHANGE IN DOSAGE FOR AN OPIOID UNDER THIS SUBSECTION.

(F) IF AN ENTITY UNDER THIS SECTION IMPLEMENTS A NEW PRIOR AUTHORIZATION REQUIREMENT FOR A PRESCRIPTION DRUG, THE ENTITY SHALL PROVIDE NOTICE OF THE NEW REQUIREMENT AT LEAST 30 DAYS BEFORE THE IMPLEMENTATION OF A NEW PRIOR AUTHORIZATION REQUIREMENT:

(1) IN WRITING TO ANY INSURED WHO IS PRESCRIBED THE PRESCRIPTION DRUG; AND

(2) EITHER IN WRITING OR ELECTRONICALLY TO ALL CONTRACTED HEALTH CARE PROVIDERS.”.