

SB277_L.001

SENATE COMMITTEE OF REFERENCE AMENDMENT

Committee on Health & Human Services.

SB13-277 be amended as follows:

- 1 Amend printed bill, page 3, line 21, strike "A" and substitute "(a) EXCEPT
2 AS PROVIDED IN PARAGRAPH (b) OF THIS SUBSECTION (2), A".
- 3 Page 3, line 23, strike "(a)" and substitute "(I)".
- 4 Page 3, line 25, strike "(b)" and substitute "(II)".
- 5 Page 3, line 27, strike "(I)" and substitute "(A)".
- 6 Page 4, line 6, strike "(II)" and substitute "(B)".
- 7 Page 4, line 9, strike "SUBPARAGRAPH (I) OF THIS PARAGRAPH (a)," and
8 substitute "SUB-SUBPARAGRAPH (A) OF THIS SUBPARAGRAPH (II),".
- 9 Page 4, line 11, strike "(c)" and substitute "(III)".
- 10 Page 4, line 13, strike "SEVENTY-TWO HOURS" and substitute "THREE
11 BUSINESS DAYS".
- 12 Page 4, line 15, strike "(d)" and substitute "(IV)".
- 13 Page 4, line 17, strike "TWENTY-FOUR HOURS" and substitute "ONE DAY".
- 14 Page 4, after line 18 insert:
- 15 "(b) IF A CARRIER OR PHARMACY BENEFIT MANAGEMENT FIRM
16 NOTIFIES THE PRESCRIBING PROVIDER PURSUANT TO SUB-SUBPARAGRAPH
17 (A) OF SUBPARAGRAPH (II) OF PARAGRAPH (a) OF THIS SUBSECTION (2)
18 THAT A PRIOR AUTHORIZATION REQUEST IS INCOMPLETE AND THAT
19 ADDITIONAL INFORMATION IS REQUIRED, THE PRESCRIBING PROVIDER
20 SHALL SUBMIT THE ADDITIONAL INFORMATION WITHIN TWO BUSINESS
21 DAYS AFTER RECEIPT OF THE NOTICE FROM THE CARRIER OR PHARMACY
22 BENEFIT MANAGEMENT FIRM. IF THE PRESCRIBING PROVIDER FAILS TO
23 SUBMIT THE REQUIRED ADDITIONAL INFORMATION WITHIN TWO BUSINESS
24 DAYS AFTER RECEIPT OF THE NOTICE, THE REQUEST IS NOT DEEMED
25 GRANTED PURSUANT TO PARAGRAPH (a) OF THIS SUBSECTION (2). AFTER
26 RECEIPT OF THE REQUIRED ADDITIONAL INFORMATION, THE CARRIER OR
27 PHARMACY BENEFIT MANAGEMENT FIRM SHALL RESPOND TO THE PRIOR



1 AUTHORIZATION REQUEST IN ACCORDANCE WITH SUB-SUBPARAGRAPH (B)
2 OF SUBPARAGRAPH (II) OF PARAGRAPH (a) OF THIS SUBSECTION (2).".

3 Page 5, line 21, strike the first "THE" and substitute "A LINK TO THE
4 CURRENT".

5 Page 5, strike lines 23 through 26.

6 Renumber succeeding subparagraphs accordingly.

7 Page 6, strike line 16 and substitute "AUTHORIZATION, INCLUDING, BUT
8 NOT LIMITED TO, STANDARDS REFERENCED IN FEDERAL LAW;".

9 Page 7, after line 7 insert:

10 "(c) IN ADDITION TO THE PRIOR AUTHORIZATION PROCESS, THE
11 COMMISSIONER SHALL DEVELOP, BY RULE, A STANDARDIZED PRIOR
12 AUTHORIZATION FORM, NOT TO EXCEED TWO PAGES IN LENGTH, FOR USE
13 IN SUBMITTING ELECTRONIC AND NONELECTRONIC PRIOR AUTHORIZATION
14 REQUESTS. IN DEVELOPING THE FORM, THE COMMISSIONER SHALL TAKE
15 INTO CONSIDERATION EXISTING FORMS, INCLUDING EXISTING PRIOR
16 AUTHORIZATION FORMS ESTABLISHED BY THE FEDERAL CENTERS FOR
17 MEDICARE AND MEDICAID SERVICES OR THE DEPARTMENT OF HEALTH
18 CARE POLICY AND FINANCING."

19 Page 8, line 8, strike "(VIII)" and substitute "(VII)".

** ** ** ** **

