ARKANSAS SENATE

89th General Assembly - Regular Session, 2013

Amendment Form

Subtitle of Senate Bill No. 218

AN ACT TO CREATE A UNIFORM PRIOR AUTHORIZATION FORM; TO REQUIRE HEALTH CARE INSURERS TO USE A UNIFORM PRIOR AUTHORIZATION FORM.

Amendment No. 1 to Senate Bill No. 218

Amend Senate Bill No. 218 as originally introduced:

Delete everything after the enacting clause and substitute the following:

"SECTION 1. Arkansas Code § 23-99-420, concerning prior authorization determination protocols, is amended to add an additional subsection to read as follows:

(j)(1)(A) On and after January 1, 2014, a health care insurer shall use and accept only the prior authorization form developed under this subsection when requiring prior authorization in electronic or written form for a prescription drug benefit.

(B) This subsection does not prohibit a prior authorization by verbal means without a form.

(2) If a health care insurer fails to use or accept the prior authorization form required under this subsection or fails to respond within two (2) business days upon receipt of a completed prior authorization request using the form required under this subsection, the prior authorization request is granted.

(3) The Insurance Commissioner shall develop the uniform prior authorization form required under this subsection to be used by a health care insurer.

(4) The prior authorization form required under this subsection shall:

(A) Not exceed two (2) pages;

(B) Be made available electronically by the commissioner; and

(C) Be designed to be submitted electronically from a prescribing provider to a healthcare insurer.

(5) The commissioner shall develop the form under this subsection in consultation with interested parties at one (1) or more public meetings.

The Amendment was read the first time, rules suspended and read the second time and _____

By: Senator Irvin

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Secretary

(6) In developing the prior authorization form under this subsection, the commissioner shall take into consideration:

(A) Existing prior authorization forms established by the federal Centers for Medicare and Medicaid Services and health care insurers in this state; and

(B) National standards or draft standards pertaining to electronic prior authorization."