| 1 | State of Arkansas | As Engrossed: S2/19/13 | |
|----|---|---|-------------------------|
| 2 | 89th General Assembly | A Bill | |
| 3 | Regular Session, 2013 | | SENATE BILL 218 |
| 4 | | | |
| 5 | By: Senator Irvin | | |
| 6 | | | |
| 7 | | For An Act To Be Entitled | |
| 8 | AN ACT TO CREATE A UNIFORM PRIOR AUTHORIZATION FORM; | | |
| 9 | TO REQUIRE HEALTH CARE INSURERS TO USE A UNIFORM | | |
| 10 | PRIOR AUTHORIZATION FORM; AND FOR OTHER PURPOSES. | | |
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| 12 | | | |
| 13 | | Subtitle | |
| 14 | AN | ACT TO CREATE A UNIFORM PRIOR | |
| 15 | TUA | THORIZATION FORM; TO REQUIRE HEALTE | I |
| 16 | CAR | RE INSURERS TO USE A UNIFORM PRIOR | |
| 17 | TUA | THORIZATION FORM. | |
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| 20 | BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS: | | |
| 21 | | | |
| 22 | SECTION 1. Ar | kansas Code § 23-99-420, concernin | g prior authorization |
| 23 | determination protocols, is amended to add an additional subsection to read | | |
| 24 | as follows: | | |
| 25 | <u>(j)(1)(A) On</u> | <u>and after January 1, 2014, a healt</u> | h care insurer shall |
| 26 | use and accept only | the prior authorization form devel | oped under this |
| 27 | subsection when requ | <u>iring prior authorization in elect</u> | ronic or written form |
| 28 | for a prescription d | rug benefit. | |
| 29 | <u>(B</u> |) This subsection does not prohib | <u>it a prior</u> |
| 30 | authorization by ver | bal means without a form. | |
| 31 | <u>(2) If</u> | a health care insurer fails to use | or accept the prior |
| 32 | authorization form r | equired under this subsection or f | fails to respond within |
| 33 | two (2) business day | s upon receipt of a completed prio | r authorization request |
| 34 | using the form requi | red under this subsection, the pri | or authorization |
| 35 | request is granted. | | |
| 36 | (3) The | Insurance Commissioner shall deve | lop the uniform prior |

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| 1 | authorization form required under this subsection to be used by a health care | | |
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| 2 | insurer. | | |
| 3 | (4) The prior authorization form required under this subsection | | |
| 4 | <u>shall:</u> | | |
| 5 | (A) Not exceed two (2) pages; | | |
| 6 | (B) Be made available electronically by the commissioner; | | |
| 7 | <u>and</u> | | |
| 8 | (C) Be designed to be submitted electronically from a | | |
| 9 | prescribing provider to a healthcare insurer. | | |
| 10 | (5) The commissioner shall develop the form under this | | |
| 11 | subsection in consultation with interested parties at one (1) or more public | | |
| 12 | meetings. | | |
| 13 | (6) In developing the prior authorization form under this | | |
| 14 | subsection, the commissioner shall take into consideration: | | |
| 15 | (A) Existing prior authorization forms established by the | | |
| 16 | federal Centers for Medicare and Medicaid Services and health care insurers | | |
| 17 | <u>in this state; and</u> | | |
| 18 | (B) National standards or draft standards pertaining to | | |
| 19 | <u>electronic prior authorization.</u> | | |
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| 21 | /s/Irvin | | |
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