

SENATE COMMITTEE OF REFERENCE REPORT

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Chairman of Committee

April 25, 2013

Date

Committee on Health & Human Services.

After consideration on the merits, the Committee recommends the following:

SB13-277 be amended as follows, and as so amended, be referred to the Committee of the Whole with favorable recommendation and with a recommendation that it be placed on the consent calendar:

- 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".

1 Page 4, after line 18 insert:

2 "(b) IF A CARRIER OR PHARMACY BENEFIT MANAGEMENT FIRM  
3 NOTIFIES THE PRESCRIBING PROVIDER PURSUANT TO SUB-SUBPARAGRAPH  
4 (A) OF SUBPARAGRAPH (II) OF PARAGRAPH (a) OF THIS SUBSECTION (2)  
5 THAT A PRIOR AUTHORIZATION REQUEST IS INCOMPLETE AND THAT  
6 ADDITIONAL INFORMATION IS REQUIRED, THE PRESCRIBING PROVIDER  
7 SHALL SUBMIT THE ADDITIONAL INFORMATION WITHIN TWO BUSINESS  
8 DAYS AFTER RECEIPT OF THE NOTICE FROM THE CARRIER OR PHARMACY  
9 BENEFIT MANAGEMENT FIRM. IF THE PRESCRIBING PROVIDER FAILS TO  
10 SUBMIT THE REQUIRED ADDITIONAL INFORMATION WITHIN TWO BUSINESS  
11 DAYS AFTER RECEIPT OF THE NOTICE, THE REQUEST IS NOT DEEMED  
12 GRANTED PURSUANT TO PARAGRAPH (a) OF THIS SUBSECTION (2). AFTER  
13 RECEIPT OF THE REQUIRED ADDITIONAL INFORMATION, THE CARRIER OR  
14 PHARMACY BENEFIT MANAGEMENT FIRM SHALL RESPOND TO THE PRIOR  
15 AUTHORIZATION REQUEST IN ACCORDANCE WITH SUB-SUBPARAGRAPH (B)  
16 OF SUBPARAGRAPH (II) OF PARAGRAPH (a) OF THIS SUBSECTION (2).".

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

19 Page 5, line 22, after "AUTHORIZATION;" insert "AND".

20 Page 5, strike lines 23 through 26.

21 Renumber succeeding subparagraphs accordingly.

22 Page 6, line 4, strike "10-16-113.5; AND" and substitute "10-16-113.5".

23 Page 6, strike lines 5 through 10.

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

26 Page 7, after line 7 insert:

27 "(c) IN ADDITION TO THE PRIOR AUTHORIZATION PROCESS, THE  
28 COMMISSIONER SHALL DEVELOP, BY RULE, A STANDARDIZED PRIOR  
29 AUTHORIZATION FORM, NOT TO EXCEED TWO PAGES IN LENGTH, FOR USE  
30 IN SUBMITTING ELECTRONIC AND NONELECTRONIC PRIOR AUTHORIZATION  
31 REQUESTS. IN DEVELOPING THE FORM, THE COMMISSIONER SHALL TAKE

1 INTO CONSIDERATION EXISTING FORMS, INCLUDING EXISTING PRIOR  
2 AUTHORIZATION FORMS ESTABLISHED BY THE FEDERAL CENTERS FOR  
3 MEDICARE AND MEDICAID SERVICES OR THE DEPARTMENT OF HEALTH  
4 CARE POLICY AND FINANCING."

5 Page 7, line 22, strike "DIRECTOR" and substitute "COMMISSIONER".

6 Page 8, line 6, strike "AND".

7 Page 8, strike lines 7 through 9 and substitute "ON AND AFTER".

8 Page 9, line 12, before "OPINION" insert "REASONABLE".

9 Page 9, after line 20 insert:

10           **"SECTION 3. No appropriation.** The general assembly has  
11 determined that this act can be implemented within existing  
12 appropriations, and therefore no separate appropriation of state moneys  
13 is necessary to carry out the purposes of this act."

14 Renumber succeeding section accordingly.

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