L.D. 984

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INSURANCE AND FINANCIAL SERVICES

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STATE OF MAINE

SENATE

126TH LEGISLATURE

FIRST REGULAR SESSION

COMMITTEE AMENDMENT " " to S.P. 329, L.D. 984, Bill, "An Act To Amend the Health Plan Improvement Law Regarding Prescription Drug Step Therapy and Prior Authorization"

Amend the bill by striking out everything after the enacting clause and before the summary and inserting the following:

'**Sec. 1. 24-A MRSA §4304, sub-§1-A** is enacted to read:

1-A. Prescription drug step therapy. The clinical review criteria used by a carrier in approving prescription drugs:

A. May not require dispensing of a medication for an off-label use; and

B. May not require failure on the same medication on more than one occasion for enrollees continuously enrolled in a health plan offered by the carrier.

Sec. 2. 24-A MRSA §4304, sub-§2-A is enacted to read:

2-A. Prior authorization of prescription drug or pharmacy services. Notwithstanding subsection 2, requests by a provider for prior authorization of a nonemergency prescription drug or pharmacy service must be answered by a carrier within 24 hours by telephone or other telephonic or electronic communications device. Both the provider and the enrollee on whose behalf the authorization was requested must be notified by the carrier of its determination. If the information submitted is insufficient to make a decision, the carrier shall notify the provider within 24 hours by telephone or other telephonic or electronic communications device of the additional information necessary to render a decision. If the carrier determines that outside consultation is necessary, the carrier shall notify the provider and the enrollee for whom the service was requested within 24 hours by telephone or other telephonic or electronic communications device. The carrier shall make a good faith estimate of when the final determination will be made and contact the enrollee and the provider as soon as practicable. If a carrier fails to respond within 24 hours after receiving a completed prior authorization request from a health care practitioner, the prior authorization request is deemed to have been granted.'

SUMMARY

This amendment is the majority report of the committee and replaces the bill. The amendment provides that the clinical review criteria used by a carrier in approving prescription drugs may not require dispensing of a medication for an off-label use and, as in the bill, may not require failure on the same medication on more than one occasion for enrollees continuously enrolled in a health plan offered by the carrier. The amendment also requires health insurance carriers to respond to nonemergency prescription drug prior authorization requests within 24 hours. The bill reduces the time to respond to 24 hours for all nonemergency services prior authorization requests.