

## 131st MAINE LEGISLATURE

## FIRST REGULAR SESSION-2023

**Legislative Document** 

No. 1254

H.P. 802

House of Representatives, March 21, 2023

An Act to Provide Coverage and Prior Authorization of Medications and Services During a MaineCare Provider's Enrollment Period

Reference to the Committee on Health and Human Services suggested and ordered printed.

ROBERT B. HUNT
Clerk

Presented by Representative ARFORD of Brunswick.
Cosponsored by Senator BALDACCI of Penobscot and
Representatives: ANKELES of Brunswick, ARATA of New Gloucester, CRAVEN of
Lewiston, DHALAC of South Portland, LEMELIN of Chelsea, MADIGAN of Waterville,
SHAGOURY of Hallowell, ZAGER of Portland.

1	Be it enacted by the People of the State of Maine as follows:
2	Sec. 1. 22 MRSA §3173-K is enacted to read:

## §3173-K. Provider enrollment; prior authorization

This section governs enrollment of providers in the MaineCare program and certain prior authorizations.

- 1. Prior authorization. The department shall allow a provider with a pending enrollment application to apply for prior authorization of services and medications. Coverage must be determined based on approval of the prior authorization request. The department shall make available prior authorization criteria to providers with a pending enrollment application.
- 2. Coverage for services. After a provider's enrollment application is approved, the department shall cover medications and services approved pursuant to a prior authorization under subsection 1 delivered by a provider during the time the provider's enrollment application is pending.
- 3. Rulemaking. The department shall adopt rules to implement this section. Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

18 SUMMARY

This bill allows a provider with a pending enrollment application to apply for a prior authorization of medications and services and requires the Department of Health and Human Services to make available prior authorization criteria to providers with a pending enrollment application. It also requires the Department of Health and Human Services to cover medications and services delivered by a provider during the time the provider's application is pending based on the determination of the prior authorization request.