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HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

Reproduced and distributed under the direction of the Secretary of the Senate.

**STATE OF MAINE
SENATE
129TH LEGISLATURE
SECOND SPECIAL SESSION**

COMMITTEE AMENDMENT “ ” to S.P. 752, L.D. 2106, Bill, “An Act Regarding Prior Authorizations for Prescription Drugs”

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

Sec. 1. 24-A MRSA §4304, sub-§2, as amended by PL 2019, c. 273, §1, is further amended to read:

2. Prior authorization of nonemergency services. Except for a request in exigent circumstances as described in section 4311, subsection 1-A, paragraph B, a request by a provider for prior authorization of a nonemergency service must be answered by a carrier within 72 hours or 2 business days, whichever is less, in accordance with this subsection.

A. Both the provider and the enrollee on whose behalf the authorization was requested must be notified by the carrier of its determination.

B. If the carrier responds to a request by a provider for prior authorization with a request for additional information, the carrier shall make a decision within 72 hours or 2 business days, whichever is less, after receiving the requested information.

C. If the carrier responds that outside consultation is necessary before making a decision, the carrier shall make a decision within 72 hours or 2 business days, whichever is less, from the time of the carrier's initial response.

D. The prior authorization standards used by a carrier must be clear and readily available to enrollees, participating providers, pharmacists and other providers. With regard to prior authorization for prescription drugs, a carrier shall comply with the requirements set forth in subsection 2-B. A provider must make best efforts to provide all information necessary to evaluate a request, and the carrier must make best efforts to limit requests for additional information.

If a carrier does not grant or deny a request for prior authorization within the time frames required under this subsection, the request for prior authorization by the provider is granted.

COMMITTEE AMENDMENT

1 the point of prescribing and when submitting prior authorization requests for prescription
2 drugs. It also permits the Superintendent of Insurance to grant a waiver from the
3 requirements for good cause.

4 2. It requires the Department of Professional and Financial Regulation, Bureau of
5 Insurance to monitor compliance by carriers with the requirements of law related to
6 electronic transmission of prior authorization requests for prescription drugs and to
7 submit a report to the joint standing committee of the Legislature having jurisdiction over
8 health coverage and insurance matters on the status of that compliance by June 1, 2022.

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FISCAL NOTE REQUIRED

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(See attached)