1	L.D. 523
2	Date: (Filing No. S-)
3	HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES
4	Reproduced and distributed under the direction of the Secretary of the Senate.
5	STATE OF MAINE
6	SENATE
7	130TH LEGISLATURE
8	FIRST SPECIAL SESSION
9 10	COMMITTEE AMENDMENT " " to S.P. 207, L.D. 523, "An Act Regarding Prior Authorizations for Prescription Drugs"
11 12	Amend the bill in section 1 in paragraph D in the first line (page 1, line 4 in L.D.) by inserting after the following: "The" the following: 'prescription drug and'
13	Amend the bill by striking out all of section 2 and inserting the following:
14 15	'Sec. 2. 24-A MRSA §4304, sub-§2-B, as enacted by PL 2019, c. 273, §2, is amended to read:
16 17 18 19 20 21 22 23 24 25	2-B. Electronic transmission of prior authorization requests. Beginning no later than January 1, 2020, if If a health plan provides coverage for prescription drugs, the carrier must accept and respond to prior authorization requests in accordance with subsection 2 and this subsection through a secure electronic transmission using standards recommended by a national institute for the development of fair standards and adopted by a national council for prescription drug programs for electronic prescribing transactions. For the purposes of this subsection, transmission of a facismile through a proprietary payer portal or by use of an electronic form is not considered electronic transmission. <u>A carrier's electronic transmission system for prior authorization requests for prescription drugs must comply with the following.</u>
26 27 28 29 30 31 32 33 34 35 36	A. No later than January 1, 2022, unless a waiver is granted by the superintendent, a carrier or entity under contract to a carrier shall make available to a provider in real time at the point of prescribing one or more electronic benefit tools that are capable of integrating with at least one electronic prescribing system or electronic medical record system to provide complete, accurate, timely, clinically appropriate formulary and benefit information specific to an enrollee, including, but not limited to, the estimated cost-sharing amount to be paid by the enrollee, information on any available formulary alternatives that are clinically appropriate and information about the formulary status and the utilization review and prior authorization requirements of each drug presented. Upon a carrier's request, the superintendent may grant a waiver from the requirements of this paragraph based on a demonstration of good cause.

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1	B. No later than January 1, 2023, unless a waiver is granted by the superintendent, a
2	carrier or entity under contract to a carrier shall make available to a provider in real
3	time at the point of prescribing an electronic benefit tool that is capable of integrating
4	with the provider's electronic prescribing system or electronic medical record system
5	to provide complete, accurate, timely, clinically appropriate formulary and benefit
6	information specific to an enrollee, including, but not limited to, the estimated cost-
7	sharing amount to be paid by the enrollee, information on any available formulary
8	alternatives that are clinically appropriate and information about the formulary status
9	and the utilization review and prior authorization requirements of each drug presented.
10	Upon a carrier's request, the superintendent may grant a waiver from the requirements
11	of this paragraph based on a demonstration of good cause.'
12	Amend the bill by relettering or renumbering any nonconsecutive Part letter or section
13	number to read consecutively.
14	SUMMARY
15	This amendment clarifies that carriers must make prescription drug standards readily
16	available to enrollees, participating providers, pharmacists and other providers along with
17	prior authorization standards.
18	The amendment phases in the requirement that carriers make available to providers in
19	real time at the point of prescribing electronic benefit tools that are capable of integrating
20	with the electronic prescribing system or electronic medical record system used by the
21	provider according to the following implementation schedule:
22	1. No later than January 1, 2022, a carrier must make available one or more electronic
23	benefit tools that are capable of integrating with at least one electronic prescribing system
24	or electronic medical record system; and
25	2. No later than January 1, 2023, a carrier must make available an electronic benefit
26	tool that is capable of integrating with the particular electronic prescribing system or
27	electronic medical record system used by a provider.
28	FISCAL NOTE REQUIRED
29	(See attached)

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