

H-1227

1 Amend House File 632 as follows:

2 1. Page 5, after line 31 by inserting:

3 <Sec. _____. NEW SECTION. 505.26A Prior

4 authorization for coverage of health care services —
5 procedure.

6 1. As used in this section, "adverse determination",
7 "final adverse determination", "health benefit plan",
8 "health care provider", "health care services", and
9 "health carrier" mean the same as defined in section
10 514J.102. For purposes of this section, "health care
11 services" does not include prescription drug benefits.

12 2. a. The commissioner shall develop, by rule, a
13 process for use by each health carrier that requires
14 prior authorization for coverage of health care
15 services pursuant to a health benefit plan, providing
16 that if a request for prior authorization of coverage
17 of health care services submitted by a health care
18 provider to a health carrier is not approved or
19 disapproved within seventy-two hours of the health
20 care provider's submission of the request, the request
21 shall be deemed to be denied by the health carrier
22 and such denial shall be considered a final adverse
23 determination for the purposes of appeal of the prior
24 authorization determination as provided in chapter
25 514J.

26 b. However, if the prior authorization request is
27 incomplete or additional information is required, the
28 health carrier may request the additional information
29 within the seventy-two-hour period and once the
30 additional information is submitted, the provisions of
31 paragraph "a" shall again apply.

32 3. The commissioner shall develop, by rule, a
33 standard prior authorization process for use by each
34 health carrier that requires prior authorization for
35 health care services which meets all of the following
36 requirements:

37 a. Health carriers shall allow health care
38 providers to submit a prior authorization request
39 electronically.

40 b. Health carriers shall make all of the following
41 available and accessible on their internet sites:

42 (1) Prior authorization requirements and
43 restrictions, including a list of health care services
44 that require prior authorization.

45 (2) Clinical criteria that are easily
46 understandable to health care providers.

47 (3) Standards for submitting and considering
48 requests, including evidence-based guidelines,
49 when possible, for making prior authorization
50 determinations.

1 c. Health carriers shall provide a process for
2 health care providers to appeal a prior authorization
3 determination as provided in chapter 514J.>

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