

House File 2635

S-5067

1 Amend House File 2635, as amended, passed, and reprinted by
2 the House, as follows:

3 1. Page 1, after line 2 by inserting:

4 <Sec. _____. Section 514F.8, subsection 1, Code 2026, is
5 amended by adding the following new paragraph:

6 NEW PARAGRAPH. *Ob.* “*Downgrade*” means a decision by
7 a utilization review organization to change an expedited
8 or urgent request for prior authorization to a standard
9 determination, or otherwise modify a health care service that
10 is the subject of a request for prior authorization to a
11 lower-level health care service.>

12 2. Page 2, after line 20 by inserting:

13 <3. A health care provider may opt-in to receive electronic
14 delivery of notices and audit determinations from a utilization
15 review organization. A utilization review organization may
16 determine the method by which a health care provider may
17 opt-in.>

18 3. Page 2, line 21, by striking <3.> and inserting <4.>

19 4. Page 3, line 6, by striking <4.> and inserting <5.>

20 5. Page 3, line 8, by striking <5.> and inserting <6.>

21 6. Page 3, by striking lines 12 and 13.

22 7. Page 4, after line 4 by inserting:

23 <Sec. _____. Section 514F.8, Code 2026, is amended by adding
24 the following new subsection:

25 NEW SUBSECTION. 6A. *a.* A health care provider shall
26 submit all requests for prior authorization to a health carrier
27 electronically using a standards-based application programming
28 interface, or another form of electronic submission,
29 supported by the health carrier that is compliant with federal
30 interoperability regulations.

31 *b.* This subsection applies to a request for prior
32 authorization made on or after July 1, 2027.>

33 8. Page 6, by striking lines 25 through 27 and inserting
34 <shall include the qualified reviewer’s board certifications,
35 specialty expertise, and educational background, excluding any

1 personal identifiable information.>

2 9. Page 7, by striking lines 1 through 3 and inserting
3 <clinical peer's board certifications, specialty expertise, and
4 educational background, excluding any personal identifiable
5 information.>

6 10. Page 8, after line 29 by inserting:

7 <b. "Emergency medical condition" means the same as defined
8 in 42 C.F.R. §438.114.>

9 11. Page 8, line 30, by striking <b.> and inserting <c.>

10 12. Page 8, line 32, by striking <c.> and inserting <d.>

11 13. Page 8, line 34, by striking <d.> and inserting <e.>

12 14. Page 9, line 1, by striking <e.> and inserting <f.>

13 15. Page 9, line 3, by striking <f.> and inserting <g.>

14 16. Page 12, after line 5 by inserting:

15 <Sec. ____ . NEW SECTION. 249A.6 Prior authorization —
16 requests.

17 1. A health care provider submitting a request for prior
18 authorization to a managed care organization shall submit the
19 request electronically using a standards-based application
20 programming interface, or another form of electronic
21 submission, supported by the managed care organization, that is
22 compliant with federal interoperability regulations.

23 2. This section applies to a request for prior authorization
24 made on or after July 1, 2027.>

25 17. By renumbering as necessary.

KARA WARME