

ESSB 6511 - H COMM AMD

By Committee on Health Care & Wellness

ADOPTED AND ENGROSSED 3/6/14

1 Strike everything after the enacting clause and insert the  
2 following:

3 "NEW SECTION. **Sec. 1.** A new section is added to chapter 48.165  
4 RCW to read as follows:

5 (1) The insurance commissioner must reauthorize the efforts with  
6 the lead organization established in RCW 48.165.030, and establish a  
7 new work group to develop recommendations for prior authorization  
8 requirements. The focus of the prior authorization efforts must  
9 include the full scope of health care services including pharmacy  
10 issues. The work group must submit recommendations to the commissioner  
11 by October 31, 2014.

12 (2) The lead organization and work group established to review  
13 prior authorization requirements must consider the following areas in  
14 their efforts:

15 (a) Requiring carriers and pharmacy benefit managers to provide a  
16 listing of prior authorization requirements electronically on a web  
17 site. The listing of requirements for any procedure, supply, or  
18 service requiring preauthorization must include criteria needed by the  
19 carrier specific to that medical or procedural code, to allow a  
20 provider's office to submit all information needed on the initial  
21 request for prior authorization, along with instructions for submitting  
22 that information;

23 (b) Requiring a carrier or pharmacy benefit manager to issue an  
24 acknowledgement of receipt or reference number for prior authorization  
25 within a specified time frame, such as two business days of receipt of  
26 a prior authorization request from a provider;

27 (c) Recommendations for the best practices for exchanging  
28 information, including alternatives to fax requests;

29 (d) Recommendations for the best practices if the acknowledgement

1 has not been received by the provider or pharmacy benefit manager  
2 within the specified time frame, such as two business days;

3 (e) Recommendations if the carrier or pharmacy benefit manager  
4 fails to approve, deny, or respond to the request for authorization  
5 within the specified time frame and options for deeming approval;

6 (f) Recommendations to refine the time frames in current rule; and

7 (g) Recommendations specific to pharmacy services, including  
8 communication between the pharmacy to the carrier or pharmacy benefit  
9 manager, communications between the carrier or pharmacy benefit manager  
10 with the providers' office, communication of the authorization number,  
11 posting of the criteria for pharmacy related prior authorization on a  
12 web site and other recommended alternatives; and options for prior  
13 authorizations involving urgent and emergent care with short-term  
14 prescription fill, such as a three-day supply, while the authorization  
15 is obtained.

16 (3) In preparing the recommendations, the work group must consider  
17 the opportunities to align with national mandates and regulatory  
18 guidance in the health insurance portability and accountability act and  
19 the patient protection and affordable care act, and use information  
20 technologies and electronic health records to increase efficiencies in  
21 health care and reengineer and automate age-old practices to improve  
22 business functions and ensure timely access to care for patients.

23 (4) The commissioner shall adopt rules implementing the  
24 recommendations of the work group. The rules adopted under this  
25 subsection may only implement, and may not expand or limit, the  
26 recommendations of the work group."

27 Correct the title.

--- END ---