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H.692

Introduced by Representative Conquest of Newbury

Referred to Committee on

Date:

Subject: Health; health insurance; prior authorization; prescription drugs

Statement of purpose of bill as introduced: This bill proposes to eliminate prior authorization requirements in health insurance plans for radiology and imaging services, prescription drugs, and referrals to specialists, except for health care providers with unusually high rates of denied prior authorization requests or outlying patterns of utilization.

An act relating to eliminating certain prior authorization requirements for some health care providers

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. 18 V.S.A. § 9418b is amended to read:

§ 9418b. PRIOR AUTHORIZATION

\* \* \*

(c)(1) A health plan shall furnish, upon request from a health care provider, a current list of services and supplies requiring prior authorization. Except as provided in subdivision (2) of this subsection, a health plan shall not require

1 prior authorization for radiology and imaging services, prescription drugs, or  
2 referrals to specialists.

3 (2) A health plan may require an individual health care provider to  
4 request prior authorization for radiology and imaging services or prescription  
5 drugs, or both, if the health plan determines that:

6 (A) the provider has an unusually high rate of denials of prior  
7 authorization requests as compared with other providers in the same specialty  
8 or geographic area;

9 (B) the provider's patients have unusually high rates of utilization of  
10 radiology and imaging services or prescription drugs, or both, as compared  
11 with patients of other providers in the same specialty or geographic area; or

12 (C) the provider displays a pattern of unusually high rates of  
13 prescribing certain prescription drugs or of ordering radiology or imaging  
14 services, or both, as compared with other providers in the same specialty or  
15 geographic area.

16 (d) A health plan shall furnish, upon request from a health care provider, a  
17 current list of services and supplies requiring prior authorization and shall post  
18 a current list of the services and supplies requiring prior authorization to on the  
19 insurer's website.

20 \* \* \*

1 (g)(1)(A) Notwithstanding any provision of law to the contrary, ~~on and~~  
2 ~~after March 1, 2014~~, when requiring prior authorization for ~~prescription drugs,~~  
3 medical procedures, and medical tests other than radiology and imaging  
4 services and when requiring prior authorization for prescription drugs,  
5 radiology, and imaging services from an individual health care provider  
6 pursuant to subdivision (c)(2) of this section, a health plan shall accept for each  
7 prior authorization request either:

8 \* \* \*

9 Sec. 2. EFFECTIVE DATE

10 This act shall take effect on October 1, 2018 and shall apply to health  
11 insurance plans on or after October 1, 2018 on such date as a health insurer  
12 issues, offers, or renews the health insurance plan, but in no event later than  
13 October 1, 2019.