Fifty-seventh Legislature
Second Regular Session

COMMITTEE ON HEALTH & HUMAN SERVICES
HOUSE OF REPRESENTATIVES AMENDMENTS TO H.B. 2250
(Reference to printed bill)

Strike everything after the enacting clause and insert:

"Section 1. Section 20-3403, Arizona Revised Statutes, is amended to read:

20-3403. Prior authorization requirements; disclosures; access

A. If a health care services plan contains a prior authorization requirement, all of the following apply:

1. The health care services plan or its utilization review agent shall make available to all providers on its website or provider portal a listing of all prior authorization requirements. The listing shall clearly identify the specific health care services, drugs or devices to which a prior authorization requirement exists, including specific information or documentation that a provider must submit in order for the prior authorization request to be considered complete.

2. ~~The health care services plan or its utilization review agent shall allow providers to~~ A PROVIDER SHALL access ~~the~~ AND SUBMIT uniform prior authorization ~~request forms approved by the department pursuant to section 20-3406~~ REQUESTS through the applicable electronic software system OR DATA PORTAL OF THE HEALTH CARE SERVICES PLAN OR ITS UTILIZATION REVIEW AGENT.

~~3. The health care services plan or its utilization review agent shall accept prior authorization requests through a secure electronic transmission.~~

~~4.~~ 3. The health care services plan or its utilization review agent shall ~~provide at least two forms of access to request a prior authorization including telephone, fax or electronic means and shall~~ have emergency after-hours procedures TO ENSURE THE TIMELY RECEIPT AND PROCESSING OF PRIOR AUTHORIZATION REQUESTS.

B. The health care services plan or its utilization review agent shall accept and respond to prior authorization requests for prescription benefits through a secure electronic transmission.

C. The health care services plan or its utilization review agent may enter into a contractual arrangement with a provider under which the HEALTH CARE SERVICES plan agrees to process and respond to prior authorization requests that are not submitted electronically because of the financial hardship that electronic submission of prior authorization requests would create for the provider or because internet connectivity is limited or unavailable where the provider is located.

Sec. 2. Section 20-3404, Arizona Revised Statutes, is amended to read:

20-3404. Prior authorization requirement timelines

A. If ~~a plan offered by~~ a health care services plan contains a prior authorization requirement, all of the following apply:

1. For prior authorization requests concerning urgent health care services, the health care services plan or its utilization review agent shall notify the provider of the prior authorization or adverse determination not later than ~~five days~~ SEVENTY-TWO HOURS after the receipt of all necessary information to support the prior authorization request, UNLESS A SHORTER TIME FRAME TO RESPOND IS REQUIRED PURSUANT TO THE INTEROPERABILITY RULE THAT IS ESTABLISHED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES.

2. For prior authorization requests concerning health care services that are not urgent health care services, the health care services plan or its utilization review agent shall notify the provider of the prior authorization or adverse determination not later than ~~fourteen~~ SEVEN CALENDAR days after receipt of all necessary information to support the prior authorization request, UNLESS A SHORTER TIME FRAME TO RESPOND IS REQUIRED PURSUANT TO THE INTEROPERABILITY RULE THAT IS ESTABLISHED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES.

3. On receipt of information from the provider in support of a prior authorization request, the health care services plan or its utilization review agent shall provide a receipt in the same format that the request was made to the provider acknowledging that the information was received, unless the necessary return contact information is not provided.

B. The notification required under subsection A of this section shall state whether the prior authorization request is approved, denied or incomplete. If the prior authorization request is denied, the health care services plan or its utilization review agent shall state the specific reason for the denial. For a request that is considered incomplete, the provider shall have the opportunity to submit additional information. Once the provider submits additional information on incomplete requests, the health care services plan has five days to review and respond to requests for health care services deemed urgent and fourteen days to review and respond to requests for health care services deemed not urgent, UNLESS A SHORTER TIME FRAME TO RESPOND IS REQUIRED PURSUANT TO THE INTEROPERABILITY RULE THAT IS ESTABLISHED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES.

C. A prior authorization request is deemed granted if a health care services plan or its utilization review agent fails to comply with the deadlines and notification requirements of this section.

D. A prior authorization request, once granted or deemed granted, is binding on the health care services plan, may be relied on by the enrollee and provider and may not be rescinded or modified by a health care services plan or its utilization review agent after the provider

renders the authorized health care services in good faith and pursuant to the authorization unless there is evidence of fraud or misrepresentation by the provider.

E. On a denial of a prior authorization request, the enrollee and the provider may exercise the review and appeal rights specified in chapter 15, article 2 of this title.

F. THE DEPARTMENT SHALL COMPILE REPORTS RELATED TO QUALIFIED HEALTH PLANS AS REQUIRED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES PRIOR AUTHORIZATION METRIC REPORTING OVERVIEW AND TEMPLATE REQUIREMENTS. ON OR BEFORE DECEMBER 31 OF EACH YEAR, THE DEPARTMENT SHALL MAKE AVAILABLE ON ITS PUBLIC WEBSITE LINKS TO EACH QUALIFIED HEALTH PLAN'S DATA FOR THE PRIOR CALENDAR YEAR THAT IS REPORTED PURSUANT TO THIS SUBSECTION.

Sec. 3. Effective date

Sections 20-3403 and 20-3404, Arizona Revised Statutes, as amended by this act, are effective from and after December 31, 2026."

Amend title to conform

SELINA BLISS
CHAIRMAN

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