

Stricken language would be deleted from and underlined language would be added to present law.

State of Arkansas
89th General Assembly
Regular Session, 2013

As Engrossed: S2/19/13 S2/26/13
A Bill

SENATE BILL 218

By: Senator Irvin

For An Act To Be Entitled

AN ACT TO CREATE A UNIFORM PRIOR AUTHORIZATION FORM;
TO REQUIRE HEALTH CARE INSURERS TO USE A UNIFORM
PRIOR AUTHORIZATION FORM; AND FOR OTHER PURPOSES.

Subtitle

AN ACT TO CREATE A UNIFORM PRIOR
AUTHORIZATION FORM; TO REQUIRE HEALTH
CARE INSURERS TO USE A UNIFORM PRIOR
AUTHORIZATION FORM.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code § 23-99-420, concerning prior authorization determination protocols, is amended to add an additional subsection to read as follows:

"(j)(1) On and after January 1, 2014, to establish uniformity in the submission of prior authorization forms a health care insurer shall utilize only a single, standardized prior authorization form for obtaining a prior authorization in written or electronic form for prescription drug benefits.

(2) A health care insurer may make the form required under subdivision (j)(1) of this section accessible through multiple computer operating systems.

(3) The prior authorization form required under subdivision (j)(1) of this section shall:

(A) Not exceed two (2) pages; and

(B) Be designed to be submitted electronically from a prescribing provider to a health care insurer.



(4) This subsection does not prohibit a prior authorization by verbal means without a form.

(5) If a health care insurer fails to use or accept the prior authorization form developed under this subsection or fails to respond as soon as reasonably possible but no later than seventy-two (72) hours after receipt of a completed prior authorization request using the form developed under this subsection, the prior authorization request is granted.

(6)(A) On and after January 1, 2014, each health care insurer shall submit its prior authorization form to the State Insurance Department to be kept on file.

(B) A copy of a subsequent replacement or modification of a health care insurer's prior authorization form shall be filed with the department within fifteen (15) days before the prior authorization form is used or before implementation of the replacement or modification.

/s/Irvin