

Hall of the House of Representatives
95th General Assembly - Regular Session, 2025
Amendment Form

Subtitle of House Bill 1300

TO AMEND THE PRIOR AUTHORIZATION TRANSPARENCY ACT.

Amendment No. 3 to House Bill 1300

Amend House Bill 1300 as engrossed H3/3/25 (version: 3/3/25 10:11:51 AM):

Page 2, line 29, delete "and a service" and substitute "that is"

AND

Page 3, line 11, delete "~~include~~ includes" and substitute "~~include,~~ unless otherwise provided under this subchapter or otherwise inapplicable, includes"

AND

Page 4, line 10, delete "requirement." and substitute "requirement policy for the healthcare service."

AND

Page 4, line 13, delete "ten (10)" and substitute "two (2)"

AND

Page 5, delete line 33, and substitute the following:

"(e)(1) If a utilization review entity provides information to a"

AND



Page 6, line 2, delete "(1)" and substitute "(A)"

AND

Page 6, line 3, delete "(2)" and substitute "(B)"

AND

Page 6, line 5, delete "(3)" and substitute "(C)"

AND

Page 6, line 7, delete "(4)" and substitute "(D)"

AND

Page 6, line 9, delete "(5)" and substitute "(E)"

AND

Page 6, delete line 10, and substitute the following:

"responsibility that is applicable to the specific healthcare service based on the billing code or category.

(2)(A) Subdivision (e)(1) of this section does not apply if a utilization review entity provides a document on the utilization review entity's website or in a format available to download from the utilization review entity's website that includes the following information in an aggregated format:

(i) A list of step therapy requirements;

(ii) A list of any restrictions on the site of service for a specific healthcare service, to the extent that the restriction deviates from the requirements under Medicare;

(iii) A list of any restrictions to the benefit category of a specific healthcare service, to the extent that the restriction deviates from the requirements under Medicare;

(iv) A list of any specific healthcare services that

are completely excluded from coverage based on clinical criteria; and

(v) A list of any specific healthcare services for which the billing code or category requires a post-service review, information request, or audit.

(B) The document under subdivision (e)(2)(A) of this section shall include the name of the healthcare service and any billing codes associated with the healthcare service.

(C) A utilization review entity shall provide a contracted healthcare provider written notice of any changes to the document under subdivision (e)(2)(A) of this section at least sixty (60) days before implementation of the change via mail, email, or fax."

AND

Page 6, line 31, delete "policy;" and substitute "policy; or"

AND

Page 6, line 35, delete "service; or" and substitute "service; ~~or~~"

AND

Page 6, delete line 36, and substitute the following:

~~"(5) The authorization was granted more than ninety (90) days before the authorized healthcare service is provided."~~

AND

Page 7, delete lines 1 through 4

AND

Page 7, delete line 10, and substitute the following:

"(f)(1) A healthcare insurer shall pay a claim for a healthcare service under the medical benefit of a health benefit plan in"

AND

Page 7, line 12, delete "(1)" and substitute "(A)"

AND

Page 7, line 13, delete "ninety (90)" and substitute "sixty (60)"

AND

Page 7, line 14, delete "(2)" and substitute "(B)"

AND

Page 7, delete line 15, and substitute the following:

"initiated before the patient is covered by the health benefit plan.

(2) Subdivision (f)(1) of this section does not apply to a healthcare service provided under the pharmacy benefit of a health benefit plan."

AND

Page 7, delete line 31, and substitute the following:

"of treatment.

(C) If the period indicated under subdivision (b)(2)(A)(ii) of this section exceeds one (1) year, a utilization review entity may limit the duration of a prior authorization to one (1) year."

AND

Page 8, delete line 5, and substitute the following:

"Within two (2) days after a healthcare provider"

AND

Page 8, delete lines 8 through 10, and substitute the following:

"review entity shall:

(A) Issue the authorization for the requested healthcare"

AND

Page 10, delete line 20, and substitute the following:

"(1) Upon request, a healthcare insurer or a pharmacy benefits manager shall send"

Page 10, delete line 24, and substitute the following:

"information to the healthcare insurer or utilization review entity.

(g) If the commissioner imposes a fine under this subchapter, the commissioner shall not impose an additional fine for the same underlying act or omission under any other provision of state law."

The Amendment was read _____
By: Representative L. Johnson
ANS/ANS - 03-11-2025 02:54:14
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Chief Clerk