Second Regular Session Seventy-third General Assembly STATE OF COLORADO

ENGROSSED

This Version Includes All Amendments Adopted on Second Reading in the House of Introduction

LLS NO. 22-0308.02 Christy Chase x2008

SENATE BILL 22-078

SENATE SPONSORSHIP

Kirkmeyer and Ginal,

HOUSE SPONSORSHIP

(None),

Senate Committees

House Committees

Health & Human Services Appropriations

	A BILL FOR AN ACT							
101	CONCERNING	ALTERNAT	TIVES TO	HEALTH	INSURER	PRIOR		
102	AUTHOR	IZATION REQ	QUIREMENTS	S FOR HEALTI	H-CARE PRO	VIDERS		
103	THAT A	CHIEVE A	SPECIFIED	APPROVAL	RATE ON	PRIOR		
104	AUTHOR	IZATION REC	QUESTS.					

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov.)

With regard to health-care services, **section 1** of the bill requires a health insurance carrier (carrier) or private utilization review organization, as applicable, to offer a provider with at least a 95%

approval rate of prior authorization requests over the prior 12 months an alternative to prior authorization requirements, including an exemption from the requirements, incentive awards, or other innovative programs, to reward provider compliance.

With regard to drug benefits, **section 2** requires a carrier or pharmacy benefit management firm, as applicable, to offer the same types of alternatives to prior authorization requirements to a provider who has at least a 95% approval rate of prior authorization requests over the prior 12 months.

1	Be it enacted by the General Assembly of the State of Colorado:
2	SECTION 1. In Colorado Revised Statutes, 10-16-112.5, amend
3	(7)(e); and add $(4)(b)(II)(C)$ and $(4)(c)$ as follows:
4	10-16-112.5. Prior authorization for health-care services -
5	disclosures and notice - determination deadlines - criteria - limits and
6	exceptions - definitions - rules - repeal. (4) Criteria, limits, and
7	exceptions. (b) (II) (C) This subsection (4)(b)(II) is repealed,
8	EFFECTIVE JANUARY 1, 2024.
9	(c) (I) On and after January 1, 2024, a carrier or
10	ORGANIZATION SHALL OFFER A QUALIFIED PROVIDER AT LEAST ONE
11	ALTERNATIVE TO PRIOR AUTHORIZATION, INCLUDING:
12	(A) AN EXEMPTION FROM PRIOR AUTHORIZATION REQUIREMENTS;
13	(B) AN INCENTIVE AWARDED TO THE PROVIDER THAT REDUCES
14	THE WAIT TIME FOR OR ADMINISTRATIVE BURDEN ON A COVERED PERSON
15	TO RECEIVE THE REQUESTED HEALTH-CARE SERVICE; OR
16	(C) Any other innovative program of the carrier's or
17	ORGANIZATION'S DESIGN TO REWARD PROVIDER COMPLIANCE WITH THE
18	CARRIER'S OR ORGANIZATION'S PRIOR AUTHORIZATION REQUIREMENTS
19	AND THAT REDUCES THE WAIT TIME FOR OR ADMINISTRATIVE BURDEN ON
20	A COVERED PERSON TO RECEIVE THE REQUESTED HEALTH-CARE SERVICE.

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1	(II) A PROVIDER IS A QUALIFIED PROVIDER FOR PURPOSES OF
2	SUBSECTION (4)(c)(I) OF THIS SECTION IF THE PROVIDER:
3	(A) Is a participating provider and has been a participating
4	PROVIDER CONTINUOUSLY FOR AT LEAST THE IMMEDIATELY PRECEDING
5	TWELVE MONTHS; AND
6	(B) OVER THE IMMEDIATELY PRECEDING TWELVE MONTHS, HAS:
7	AT LEAST A NINETY-FIVE PERCENT APPROVAL RATE ON PRIOR
8	AUTHORIZATION REQUESTS FOR THE SAME HEALTH-CARE SERVICE
9	SUBMITTED FOR COVERED PERSONS UNDER A HEALTH BENEFIT PLAN
10	OFFERED BY THE CARRIER; AND SUBMITTED AT LEAST TWENTY-FOUR PRIOR
11	AUTHORIZATION REQUESTS FOR THE SAME HEALTH-CARE SERVICE FOR
12	COVERED PERSONS UNDER A HEALTH BENEFIT PLAN OFFERED BY THE
13	<u>CARRIER.</u>
14	(III) NEITHER A CARRIER NOR AN ORGANIZATION IS REQUIRED TO
15	OFFER AN ALTERNATIVE TO PRIOR AUTHORIZATION TO A PROVIDER THAT
16	IS NOT QUALIFIED PURSUANT TO SUBSECTION (4)(c)(II) OF THIS SECTION,
17	INCLUDING A PROVIDER THAT HAS NOT SUBMITTED PRIOR AUTHORIZATION
18	REQUESTS TO THE CARRIER OR ORGANIZATION FOR AT LEAST TWELVE
19	MONTHS.
20	(IV) AT LEAST ANNUALLY, A CARRIER OR ORGANIZATION SHALL
21	REEXAMINE A PROVIDER'S PRESCRIBING OR ORDERING PATTERNS AND
22	REEVALUATE WHETHER THE PROVIDER IS A QUALIFIED PROVIDER FOR
23	PURPOSES OF AN EXEMPTION FROM OR OTHER ALTERNATIVE TO PRIOR
24	AUTHORIZATION REQUIREMENTS PURSUANT TO SUBSECTION (4)(c)(I) OF
25	THIS SECTION.
26	(V) THE CARRIER OR ORGANIZATION SHALL INFORM THE PROVIDER
27	OF THE PROVIDER'S STATUS AS A QUALIFIED PROVIDER AND PROVIDE ALL

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1	OF THE DATA CONSIDERED AS PART OF ITS INITIAL EXAMINATION OR
2	REEXAMINATION OF THE PROVIDER'S PRESCRIBING OR ORDERING PATTERNS
3	FOR THE TWELVE-MONTH PERIOD OF REVIEW. DISAGREEMENTS REGARDING
4	A PROVIDER'S STATUS AS A QUALIFIED PROVIDER MUST BE RESOLVED IN
5	ACCORDANCE WITH ANY APPLICABLE CONTRACT PROVISIONS.
6	(VI) AS USED IN SUBSECTION (4)(c)(II)(B) OF THIS SECTION, "SAME
7	HEALTH-CARE SERVICE" MEANS A HEALTH-CARE SERVICE THAT IS
8	ASSIGNED A UNIQUE CPT CODE OR COMBINATION OF CPT CODES, AS
9	DEFINED IN SECTION 25-49-102 (2), WHICH CODE OR COMBINATION OF
10	CODES IS USED FOR THE CARE OF A PATIENT WITH A SPECIFIC DIAGNOSIS
11	<u>CODE.</u>
12	(7) Definitions. As used in this section:
13	(e) "Private utilization review organization" or "organization" has
14	the same meaning as set forth MEANS A PRIVATE UTILIZATION REVIEW
15	ORGANIZATION, AS DEFINED in section 10-16-112 (1)(a), THAT HAS A
16	CONTRACT WITH AND PERFORMS PRIOR AUTHORIZATION ON BEHALF OF A
17	<u>CARRIER.</u>
18	SECTION 2. Act subject to petition - effective date. This act
19	takes effect at 12:01 a.m. on the day following the expiration of the
20	ninety-day period after final adjournment of the general assembly; except
21	that, if a referendum petition is filed pursuant to section 1 (3) of article V
22	of the state constitution against this act or an item, section, or part of this
23	act within such period, then the act, item, section, or part will not take
24	effect unless approved by the people at the general election to be held in
25	November 2022 and, in such case, will take effect on the date of the
26	official declaration of the vote thereon by the governor.

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