
SUBSTITUTE SENATE BILL 5267

State of Washington

63rd Legislature

2013 Regular Session

By Senate Health Care (originally sponsored by Senators Becker, Keiser, Conway, Ericksen, Bailey, Dammeier, Frockt, and Schlicher)

READ FIRST TIME 02/22/13.

1 AN ACT Relating to developing standardized prior authorization for
2 medical and pharmacy management; and amending RCW 48.165.050.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 **Sec. 1.** RCW 48.165.050 and 2009 c 298 s 10 are each amended to
5 read as follows:

6 (1) By December 31, 2010, the lead organization shall:

7 (a) Develop and promote widespread adoption by payors and providers
8 of guidelines to:

9 (i) Ensure payors do not automatically deny claims for services
10 when extenuating circumstances make it impossible for the provider to:

11 (A) Obtain a preauthorization before services are performed; or (B)
12 notify a payor within twenty-four hours of a patient's admission; and

13 (ii) Require payors to use common and consistent time frames when
14 responding to provider requests for medical management approvals.
15 Whenever possible, such time frames shall be consistent with those
16 established by leading national organizations and be based upon the
17 acuity of the patient's need for care or treatment;

18 (b) Develop, maintain, and promote widespread adoption of a single

1 common web site where providers can obtain payors' preauthorization,
2 benefits advisory, and preadmission requirements;

3 (c) Establish guidelines for payors to develop and maintain a web
4 site that providers can employ to:

5 (i) Request a preauthorization, including a prospective clinical
6 necessity review;

7 (ii) Receive an authorization number; and

8 (iii) Transmit an admission notification.

9 (2) By October 31, 2010, the lead organization shall propose to the
10 commissioner a set of goals and work plan for the development of
11 medical management protocols, including whether to develop evidence-
12 based medical management practices addressing specific clinical
13 conditions and make its recommendation to the commissioner, who shall
14 report the lead organization's findings and recommendations to the
15 legislature.

16 (3) By November 15, 2013, the lead organization shall present to
17 the commissioner a plan for the implementation of a uniform electronic
18 prior authorization form and data fields for prescription drug
19 benefits. The commissioner shall review the plan and determine if it
20 meets the criteria required in this section. If the commissioner
21 determines that the criteria have been met, then the uniform electronic
22 prior authorization process shall be implemented no later than May 15,
23 2014.

24 (a) The plan presented by the lead organization shall contain the
25 following elements:

26 (i) There must be a defined response time for prior authorization
27 approval or denial that shall not exceed the review time frames under
28 WAC 284-43-410(6). No response within the given time frame deems the
29 prior authorization approved;

30 (ii) There must be data elements, not to exceed the equivalent of
31 two pages, that are electronically submissible;

32 (iii) The plan must be capable of being electronically accepted by
33 the payor after being completed; and

34 (iv) The plan must be in compliance with national council for
35 prescription drug programs prior authorization transactions for the
36 national council for prescription drug programs SCRIPT standard.

37 (b) All forms and data fields must be developed in consultation
38 with health care providers licensed under chapter 18.71 or 18.57 RCW

1 who are board certified and recommended by the Washington state medical
2 association, and a health care provider licensed under chapter 18.64
3 RCW, all of whom have been actively practicing in their specialty for
4 a minimum of five years.

5 (c) If the lead organization does not present a plan that meets the
6 criteria required in this section to the commissioner by November 15,
7 2013, the commissioner shall establish a uniform electronic prior
8 authorization process that meets the criteria by no later than May 15,
9 2014. If the lead organization establishes a plan that meets the
10 criteria required in this section, the commissioner shall require
11 third-party payors or any third party entity acting on behalf of a
12 payor under contract to use and accept only the forms developed in
13 accordance with this section.

--- END ---