

CERTIFICATION OF ENROLLMENT

**ENGROSSED SECOND SUBSTITUTE SENATE BILL 5267**

Chapter 215, Laws of 2013

63rd Legislature  
2013 Regular Session

MEDICAL AND PHARMACY MANAGEMENT--STANDARDIZED PRIOR AUTHORIZATION

EFFECTIVE DATE: 07/28/13

Passed by the Senate April 27, 2013  
YEAS 47 NAYS 0

BRAD OWEN

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**President of the Senate**

Passed by the House April 24, 2013  
YEAS 97 NAYS 0

FRANK CHOPP

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**Speaker of the House of Representatives**

Approved May 10, 2013, 11:29 a.m.

JAY INSLEE

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**Governor of the State of Washington**

CERTIFICATE

I, Hunter G. Goodman, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **ENGROSSED SECOND SUBSTITUTE SENATE BILL 5267** as passed by the Senate and the House of Representatives on the dates hereon set forth.

HUNTER G. GOODMAN

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**Secretary**

FILED

May 10, 2013

**Secretary of State  
State of Washington**

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ENGROSSED SECOND SUBSTITUTE SENATE BILL 5267

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AS AMENDED BY THE HOUSE

Passed Legislature - 2013 Regular Session

**State of Washington**                      **63rd Legislature**                      **2013 Regular Session**

**By** Senate Ways & Means (originally sponsored by Senators Becker, Keiser, Conway, Ericksen, Bailey, Dammeier, Frockt, and Schlicher)

READ FIRST TIME 03/01/13.

1            AN ACT Relating to developing standardized prior authorization for  
2 medical and pharmacy management; creating new sections; and providing  
3 an expiration date.

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

5            NEW SECTION.    **Sec. 1.** (1) A work group is formed to develop  
6 criteria to streamline the prior authorization process for prescription  
7 drugs, medical procedures, and medical tests, with the goal of  
8 simplification and uniformity.

9            (2) The work group shall be cochaired by the chair of the senate  
10 health care committee and the chair of the house of representatives  
11 health care committee, and membership of the work group shall be  
12 determined by the cochairs, not to exceed eleven participants.

13            (3) The work group shall examine elements that may include the  
14 following:

15            (a) National standard transaction information, such as HIPAA 278  
16 standards, for sending or receiving authorizations electronically;

17            (b) Standard transaction information and uniform prior  
18 authorization forms;

1 (c) Clean, uniform, and readily accessible forms for prior  
2 authorization including determining the appropriate number of forms;

3 (d) A core set of common data requirements for nonclinical  
4 information for prior authorization and electronic prescriptions, or  
5 both;

6 (e) The prior authorization process, which considers electronic  
7 forms and allows for flexibility for health insurance carriers to  
8 develop electronic forms; and

9 (f) Existing prior authorization forms by health insurance carriers  
10 and by state agencies, in developing the uniform prior authorization  
11 forms.

12 (4) The work group must:

13 (a) Establish timelines for urgent requests and timeliness for  
14 nonurgent requests;

15 (b) Work on a receipt and missing information time frame;

16 (c) Determine time limits for a response of acknowledgment of  
17 receipts or requests of missing information;

18 (d) Establish when an authorization request will be deemed as  
19 granted when there is no response.

20 (5) The work group must submit their recommendations to the  
21 appropriate committees of the legislature by November 15, 2013.

22 (6) This section expires January 1, 2014.

23 NEW SECTION. **Sec. 2.** The insurance commissioner shall adopt rules  
24 implementing only the recommendations of the work group established in  
25 section 1 of this act. The rules must take effect no later than  
26 January 1, 2015.

Passed by the Senate April 27, 2013.

Passed by the House April 24, 2013.

Approved by the Governor May 10, 2013.

Filed in Office of Secretary of State May 10, 2013.