HB 1471-S - DIGEST

(SUBSTITUTED FOR - SEE 2ND SUB)

Requires a health carrier that imposes different prior authorization standards and criteria for a covered service among tiers of contracting providers of the same licensed profession in the same health plan to, upon request, inform an enrollee which tier an individual provider or group of providers is in.

Prohibits a health carrier from requiring prior authorization for an evaluation and management visit or an initial treatment visit with a contracting provider in a new episode of habilitative, rehabilitative, East Asian medicine, or chiropractic care.