

Bill Summary
1st Session of the 59th Legislature

Bill No.:	SB 441
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Request No.:	599
Author:	Sen. Montgomery
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Bill Analysis

SB 441 provides that a health benefit plan utilizing a preauthorization process for health care services may exempt a health care provider from obtaining preauthorization for a particular health care service. The health benefit plan shall examine whether the provider meets such exemption requirements once every 6 months, though the plan may continue providing an exemption without examination. The health benefit plan must publish its criteria for obtaining such an exemption and may only deny a provider if the provider does not have the exemption at the time of the relevant evaluation period and if the health benefit plan provides the provider with sufficient data for the relevant preauthorization request period that demonstrates that the provider does not meet the criteria for the exemption. An exemption may only be rescinded in January or June using a retrospective review process for the most recent evaluation period. Providers may review a determination regarding the rescission of a preauthorization exemption using an independent review organization. A health benefit plan is bound by an appeal or independent review determination that does not affirm the determination made by the plan to rescind a preauthorization exemption.

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