Bill Summary
1st Session of the 59th Legislature

Bill No.:	**SB 441**
Version:	**CS**
Request No.:	**3446**
Author:	**Sen. Garvin**
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Bill Analysis

SB 441 creates the Ensuring Transparency in Prior Authorization Act. The measure requires any utilization review entity used by a health benefit plan to make current prior authorization requirements and restrictions readily accessible on its website to enrollees, health care providers, and the general public. Any utilization review entity intending to implement or amend the prior authorization requirements or restrictions of a health benefit plan must provide written notice to health care providers 60 days before the requirement or restriction is implemented. Additionally, such entities shall be required to publish statistics regarding prior authorization approvals and denials on their respective websites.

Prior to issuing an adverse determination on a prior authorization request, such entities shall be required to provide the opportunity to the requesting physician to discuss the medical necessity of the health care service verbally by telephone or electronic means. Any utilization review entity issuing an adverse determination must use a physician to make such a determination. Such a physician must meet the requirements outlined in the measure. Each utilization review entity must comply with the provisions of the No Surprises Act.

The measure prohibits such entities from requiring an approved prior authorization request for pre-hospital transportation or prior to the provision of emergency health care services. Enrollees shall be given at least a 24-hour period following an emergency admission or rendering emergency health care services to notify the utilization review entity of the admission or rendering of emergency health care services. Each entity must approve a prior authorization request for emergency health care services necessary to screen and stabilize an enrollee. No utilization review entity may require a prior authorization request for the provision of MOUD nor may they revoke, limit, condition, or restrict an approved prior authorization request if care is provided within 45 business days from the date the health care provider received approval for the prior authorization. An approved prior authorization request shall be valid for 1 year from the date that the health care provider receives an approved prior authorization determination.

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