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1	H.668
2	Introduced by Representative Till of Jericho
3	Referred to Committee on
4	Date:
5	Subject: Health; health insurance; prior authorization
6	Statement of purpose of bill as introduced: This bill proposes to eliminate the
7	prior authorization requirement for certain classes of medication and to require
8	authorization for medications for chronic conditions only once every three
9	years.
10	An act relating to prior authorization requirements
11	It is hereby enacted by the General Assembly of the State of Vermont:
12	Sec. 1. 18 V.S.A. § 9418b is amended to read:
13	§ 9418b. PRIOR AUTHORIZATION
14	* * *
15	(c)(1) A health plan shall furnish, upon request from a health care provider,
16	a current list of services and supplies requiring prior authorization.
17	(d)(2) A health plan shall post a current list of services and supplies

requiring prior authorization to the insurer's website.

1	(d)(1) A health plan shall not require prior authorization for diabetes
2	medications and for such other classes of drugs as the Green Mountain Care
3	Board may identify by rule.
4	(2) A health plan shall not require prior authorization more often than
5	once every three years for a medication prescribed to treat or manage a chronic
6	condition.
7	* * *
8	Sec. 2. EFFECTIVE DATE
9	This act shall take effect on October 1, 2014 and shall apply to all health
10	insurance plans on and after January 1, 2015 on such date as a health insurer
11	offers, issues, or renews the health insurance plan, but in no event later than
12	January 1, 2016.