

1 _____ BILL NO. _____

2 INTRODUCED BY _____
3 (Primary Sponsor)

4 A BILL FOR AN ACT ENTITLED: "AN ACT PROHIBITING HEALTH INSURANCE ISSUERS FROM
5 PERFORMING PRIOR AUTHORIZATION ON PSYCHIATRIC DRUGS THAT ARE IN SHORTAGE OR
6 DISCONTINUED; AND AMENDING SECTION 33-32-221, MCA."

7
8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

9
10 **Section 1.** Section 33-32-221, MCA, is amended to read:

11 **"33-32-221. Prior authorization requirements.** (1) A health insurance issuer may not perform prior
12 authorization on benefits for:

13 (a) any generic prescription drug that is not listed within any of the schedules of controlled
14 substances found at 21 CFR 1308.11 through 21 CFR 1308.15 or the schedules of controlled substances found
15 in Title 50, chapter 32, after a covered person has been prescribed the covered drug at the same quantity
16 without interruption for 6 months;

17 (b) any prescription drug or drugs, generic or brand name, on the grounds of therapeutic
18 duplication for the same drug if the covered person has already been subject to prior authorization on the
19 grounds of therapeutic duplication for the same dosage of the prescription drug or drugs and coverage of the
20 prescription drug or drugs was approved;

21 (c) any prescription drug, generic or brand name, solely because the dosage of the medication for
22 the covered person has been adjusted by the prescriber of the prescription drug, as long as the dosage is
23 within the dosage approved by the food and drug administration or is consistent with clinical dosing for the
24 medication; or

25 (d) any prescription drug, generic or brand name, that is a long-acting injectable antipsychotic; or

26 (e) any prescription drug, generic or brand name, that is designated as currently in shortage within
27 the therapeutic category of psychiatry on the current and resolved drug shortages and discontinuations list
28 maintained by the United States food and drug administration.

(2) Any adverse determination for a prescription drug made during prior authorization by a health insurance issuer must be made by a physician whose specialty focuses on the diagnosis and treatment of the condition for which the prescription drug was prescribed to treat, provided that prior authorization that does not result in an adverse determination does not require the involvement of a physician on the part of a health insurance issuer."

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