

Duplicates/Conflicts with/Companion to/Relates to:
Duplicates/Relates to Appropriation in the General Appropriation Act

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis:

The Prior Authorization Act prohibits health insurers from requiring prior authorization or step therapy for drugs prescribed for certain conditions. SB 207 amends the Prior Authorization Act to clarify that the drugs for which prior authorization and/or step therapy are prohibited may be prescribed for “on-label or off-label use” and adds rare diseases, defined as diseases or medical conditions that affect fewer than 200,000 people in the United States, to the list of conditions for which prior authorization or step therapy may be prohibited.

FISCAL IMPLICATIONS

SIGNIFICANT ISSUES

The burden of prior authorization is significant and growing. Prior authorization requirements often delay patient care, which can negatively affect clinical outcomes. Limiting step programs for vulnerable patients, such as those with cancer or autoimmune diseases, can:

- Ensure timely care that may prevent long-term complications and/or increase morbidity
- Remove unnecessary barriers to accessing care
- Prevent adverse effects, such as reduced quality of life, disruption of work, and increased risk of worsening conditions due to treatment delays.

Reduced prior authorization requirements can also improve the efficiency of pharmacy operations.

PERFORMANCE IMPLICATIONS

ADMINISTRATIVE IMPLICATIONS

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

TECHNICAL ISSUES

OTHER SUBSTANTIVE ISSUES

ALTERNATIVES

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

AMENDMENTS