AN ACT GENERALLY REVISING HEALTH CARE INSURANCE LAWS; PROVIDING FOR PRIOR AUTHORIZATION REQUIREMENTS; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE AND AN APPLICABILITY DATE.

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

Section 1. Prior authorization requirements. (1) A health insurance issuer may not perform prior authorization on benefits for:

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

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

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

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

(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.

Section 2. Codification instruction. [Section 1] is intended to be codified as an integral part of Title 33, chapter 32, part 2, and the provisions of Title 33, chapter 32, part 2, apply to [section 1].

Section 3. Effective date. [This act] is effective on passage and approval.

Section 4. Applicability. [This act] applies to policies and plans that are issued or renewed on or after January 1, 2024.

- END -
I hereby certify that the within bill, 

SB 380, originated in the Senate.

___________________________________________
Secretary of the Senate

___________________________________________
President of the Senate

Signed this _______________________________day
of____________________________________, 2023.

___________________________________________
Speaker of the House

Signed this _______________________________day
of____________________________________, 2023.
SENATE BILL NO. 380
INTRODUCED BY J. SMALL

AN ACT GENERALLY REVISING HEALTH CARE INSURANCE LAWS; PROVIDING FOR PRIOR AUTHORIZATION REQUIREMENTS; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE AND AN APPLICABILITY DATE.