

PROPOSED AMENDMENT

HB 1238 # 4

DIGEST

Peer to peer conversation. Adds language providing that when a health plan makes an adverse determination in response to a health care provider's request for prior authorization of a health care service the health plan must provide the health care provider with an opportunity to have a peer to peer conversation with a clinical peer concerning the adverse determination.

- 1 Page 6, between lines 18 and 19, begin a new paragraph and insert:
2 "SECTION 4. IC 27-1-37.5-17 IS ADDED TO THE INDIANA
3 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
4 [EFFECTIVE JULY 1, 2022]: **Sec. 17. (a) As used in this section,**
5 **"adverse determination" means:**
6 (1) **a denial of a prior authorization for a covered benefit;**
7 (2) **a denial of a request for benefits for an individual on the**
8 **ground that the treatment or covered benefit is not medically**
9 **necessary, appropriate, effective, or efficient or is not**
10 **provided in or at the appropriate health care setting or level**
11 **of care; or**
12 (3) **a denial of a request for benefits on the ground that the**
13 **treatment or service is experimental or investigational.**
14 **(b) As used in this section, "clinical peer" means a practitioner**
15 **or other health care provider who holds a nonrestricted license in**
16 **a state of the United States and in the same or a similar specialty**
17 **that typically manages the medical condition, procedure, or**
18 **treatment under review.**
19 **(c) If an adverse determination is made by a health plan in**
20 **response to a health care provider's request for prior**
21 **authorization, the health plan must provide the health care**
22 **provider with the opportunity to request a peer to peer**
23 **conversation with a clinical peer regarding the adverse**
24 **determination.**
25 **(d) A request made by a health care provider under subsection**
26 **(c) may be made in writing or electronically.**

1 **(e) A peer to peer conversation under this section must take**
2 **place not more than seven (7) business days after a request under**
3 **subsection (c) is received by the health plan.**

4 **(f) The peer to peer conversation must be conducted between**
5 **the health care provider and a clinical peer."**

6 Renumber all SECTIONS consecutively.

(Reference is to HB 1238 as introduced.)