

The Senate Committee on Insurance and Labor offered the following substitute to SB 341:

A BILL TO BE ENTITLED
AN ACT

1 To amend Article 2 of Chapter 46 of Title 33 of the Official Code of Georgia Annotated,
2 relating to the prior authorizations of healthcare services, so as to provide guidelines for the
3 prior authorization of a prescribed medication for chronic conditions requiring ongoing
4 medication therapy under certain circumstances; to provide for related matters; to provide
5 for an effective date and applicability; to repeal conflicting laws; and for other purposes.

6 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

7 **SECTION 1.**

8 Article 2 of Chapter 46 of Title 33 of the Official Code of Georgia Annotated, relating to the
9 prior authorizations of healthcare services, is amended by adding a new Code section to read
10 as follows:

11 "33-46-23.1.

12 (a) As used in this Code section, the term:

13 (1) 'Chronic condition' means a serious, long-term, physical, mental, or developmental
14 disability or disease.

(2) 'Ongoing medication therapy' means a clinical and evidence-based treatment that uses a prescribed medicine to prevent, diagnose, treat, or relieve the symptoms of a chronic condition and is continuing or expected to continue for at least a year.

(b) Unless otherwise provided in subsection (c) of this Code section or prohibited by state or federal law, if a healthcare provider receives a prior authorization for a medication prescribed to a covered person with a chronic condition that requires ongoing medication therapy, and the provider continues to prescribe the medication, and the medication is used for a condition that is within the scope of use approved by the United States Food and Drug Administration or has been proven to be a safe and effective form of treatment for the patient's specific underlying condition based on clinical practice guidelines that are developed from peer-reviewed publications, the prior authorization received shall:

(1) Be valid for the lesser of:

(A) One year from the date the healthcare provider receives the prior authorization; or

(B) Until the last day of coverage under the covered person's healthcare plan; and

(2) Cover any change in dosage prescribed by the healthcare provider during the period of authorization.

(c)(1) This Code section shall not apply to:

(A) Medications that are prescribed for a nonmaintenance condition;

(B) Medications that have a typical treatment period of less than 12 months;

(C) Medications for which medical or scientific evidence does not support a 12 month approval, including medications where an initial shorter duration approval is necessary to demonstrate appropriate response to therapy; or

(D) Medications that are opioid analgesics or benzodiazepines.

(2) Nothing in this Code section prevents the prior authorization of a medication for more than a year if permissible by the covered person's healthcare plan."

40 **SECTION 2.**

41 This Act shall become effective on January 1, 2023, and shall apply to all policies or
42 contracts issued, delivered, issued for delivery, or renewed in this state on or after such date.

43 **SECTION 3.**

44 All laws and parts of laws in conflict with this Act are repealed.