



# House of Representatives

General Assembly

**File No. 102**

January Session, 2011

House Bill No. 6349

*House of Representatives, March 21, 2011*

The Committee on Insurance and Real Estate reported through REP. MEGNA of the 97th Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

## ***AN ACT CONCERNING SYNCHRONIZING PRESCRIPTION REFILLS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective January 1, 2012*) No individual health  
2 insurance policy providing coverage of the type specified in  
3 subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general  
4 statutes delivered, issued for delivery, renewed, amended or  
5 continued in this state that provides coverage for prescription drugs  
6 shall deny coverage for the refill of any drug prescribed for the  
7 treatment of a chronic illness that is made in accordance with a plan  
8 among the insured, a practitioner and a pharmacist to synchronize the  
9 refilling of multiple prescriptions for the insured.

10 Sec. 2. (NEW) (*Effective January 1, 2012*) No group health insurance  
11 policy providing coverage of the type specified in subdivisions (1), (2),  
12 (4), (11) and (12) of section 38a-469 of the general statutes delivered,  
13 issued for delivery, renewed, amended or continued in this state that  
14 provides coverage for prescription drugs, shall deny coverage for the  
15 refill of any drug prescribed for the treatment of a chronic illness that



The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

---

**OFA Fiscal Note**

**State Impact:** None; See below for out-years

**Municipal Impact:** None

**Explanation**

The bill's provisions will result in no cost to the State because the bill does not impact prescription drug coverage currently provided. In general, a pharmacy coordinates services on behalf of the patient and the treating physician in accordance with FDA dispensing criteria.

The bill's provisions are not anticipated to impose a cost on municipalities. Due to federal law, municipalities with self-insured plans are exempt from state health insurance benefit mandates.

**The Out Years**

The federal health care reform act requires that, effective January 1, 2014; all states must establish a health benefit exchange, which will offer qualified plans that must include a federally defined essential benefits package. While states are allowed to mandate benefits in excess of the basic package, the federal law appears to require the state to pay the cost of any such additional mandated benefits. It is unclear how the provisions in this bill will be perceived. The extent of these costs will depend on the mandates included in the federal essential benefit package, which have not yet been determined. However, neither the agency nor mechanism for the state to pay these costs has been established.

**OLR Bill Analysis**

**HB 6349**

**AN ACT CONCERNING SYNCHRONIZING PRESCRIPTION REFILLS.**

**SUMMARY:**

This bill prohibits certain health insurers that provide prescription drug coverage from denying coverage for the refilling of any drug prescribed to treat a chronic illness if the refill is made in accordance with a plan to synchronize the refilling of multiple prescriptions. The plan must involve the insured, a practitioner, and a pharmacist.

The bill applies to individual and group health insurance policies delivered, issued for delivery, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including coverage under an HMO plan.

Due to the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

EFFECTIVE DATE: January 1, 2012

**COMMITTEE ACTION**

Aging Committee

Joint Favorable Change of Reference  
Yea 12 Nay 0 (03/01/2011)

Insurance Committee

Joint Favorable  
Yea 17 Nay 3 (03/08/2011)