



Senate

General Assembly

File No. 123

January Session, 2011

Senate Bill No. 153

Senate, March 22, 2011

The Committee on Insurance and Real Estate reported through SEN. CRISCO of the 17th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

AN ACT CONCERNING THE TIMING OF PRESCRIPTION DRUG REFILLS.

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

1 Section 1. Section 38a-510 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective January 1, 2012*):

3 (a) No [health insurance policy issued on an individual basis,
4 whether issued by an] insurance company, [a] fraternal benefit society,
5 hospital service corporation, [a] medical service corporation or [a]
6 health care center [, which] that delivers, issues for delivery, renews,
7 amends or continues an individual health insurance policy that
8 provides coverage for prescription drugs may require any person
9 covered under such policy to obtain prescription drugs from a mail
10 order pharmacy as a condition of obtaining benefits for such drugs.

11 (b) [The provisions of this section shall apply to any such policy
12 delivered, issued for delivery, renewed, amended or continued in this
13 state on or after July 1, 2005.] Each such insurance company, fraternal

14 benefit society, hospital service corporation, medical service
 15 corporation or health care center shall allow an insured to obtain, and
 16 shall provide coverage for, a refill of a prescription drug up to two
 17 business days prior to the date on which such prescription drug is
 18 otherwise authorized to be refilled.

19 Sec. 2. Section 38a-544 of the general statutes is repealed and the
 20 following is substituted in lieu thereof (*Effective January 1, 2012*):

21 (a) No [medical benefits contract on a group basis, whether issued
 22 by an] insurance company, [a] fraternal benefit society, hospital service
 23 corporation, [a] medical service corporation or [a] health care center [,
 24 which] that delivers, issues for delivery, renews, amends or continues
 25 a group health insurance policy that provides coverage for prescription
 26 drugs may require any person covered under such contract to obtain
 27 prescription drugs from a mail order pharmacy as a condition of
 28 obtaining benefits for such drugs.

29 (b) [The provisions of this section shall apply to any such medical
 30 benefits contract delivered, issued for delivery or renewed in this state
 31 on or after July 1, 1989.] Each such insurance company, fraternal
 32 benefit society, hospital service corporation, medical service
 33 corporation or health care center shall allow an insured to obtain, and
 34 shall provide coverage for, a refill of a prescription drug up to two
 35 business days prior to the date on which such prescription drug is
 36 otherwise authorized to be refilled.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2012	38a-510
Sec. 2	January 1, 2012	38a-544

INS *Joint Favorable*

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**SB 153*****AN ACT CONCERNING THE TIMING OF PRESCRIPTION DRUG REFILLS.*****SUMMARY:**

This bill requires health insurers to (1) allow an insured person to obtain a prescription refill up to two business days before the authorized refill date and (2) cover the early refill. Insurer includes an insurance company, fraternal benefit society, hospital or medical service corporation, and health care center (commonly referred to as an HMO) that delivers, issues, renews, amends, or continues an individual or group health insurance policy in Connecticut.

By law, certain health insurance policies are prohibited from requiring that an insured person receive prescriptions from a mail order pharmacy. The bill extends the prohibition to health insurance policies issued by fraternal benefit societies.

EFFECTIVE DATE: January 1, 2012

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable

Yea 10 Nay 7 (03/10/2011)