



General Assembly

February Session, 2016

***Raised Bill No. 373***

LCO No. 2131



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:  
(INS)

***AN ACT LIMITING CHANGES TO HEALTH INSURERS'  
PRESCRIPTION DRUG FORMULARIES.***

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

1 Section 1. Section 38a-492f of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective January 1, 2017*):

3 Each individual health insurance policy providing coverage of the  
4 type specified in subdivisions (1), (2), (4), (11), [and] (12) and (16) of  
5 section 38a-469 delivered, issued for delivery, renewed, amended or  
6 continued in this state that provides coverage for outpatient  
7 prescription drugs shall not [deny coverage for an insured for any  
8 drug that the insurer removes from its list of covered drugs, or  
9 otherwise ceases to provide coverage for, if (1) the insured was using  
10 the drug for the treatment of a chronic illness prior to the removal or  
11 cessation of coverage, (2) the insured was covered under the policy for  
12 the drug prior to the removal or cessation of coverage, and (3) the  
13 insured's attending health care provider states in writing, after the  
14 removal or cessation of coverage, that the drug is medically necessary  
15 and lists the reasons why the drug is more medically beneficial than

16 the drugs on the list of covered drugs. Such benefits shall be subject to  
17 the same terms and conditions applicable to all other benefits under  
18 such policies] remove any covered prescription drug from its list of  
19 covered drugs or reclassify or place such drug in a higher cost-sharing  
20 tier for the duration of the policy term, except a covered prescription  
21 drug may be removed from such list if such drug is identified as no  
22 longer safe and effective by the federal Food and Drug Administration  
23 or by peer-reviewed medical literature generally recognized by the  
24 relevant medical community. Nothing in this section shall be  
25 construed to prohibit the addition of prescription drugs to such  
26 policy's list of covered drugs during a policy term, provided such  
27 addition shall not affect the covered prescription drugs, or the  
28 classification or cost-sharing tier of such drugs, already on such list  
29 during such policy term.

30 Sec. 2. Section 38a-518f of the general statutes is repealed and the  
31 following is substituted in lieu thereof (*Effective January 1, 2017*):

32 Each group health insurance policy providing coverage of the type  
33 specified in subdivisions (1), (2), (4), (11), [and] (12) and (16) of section  
34 38a-469 delivered, issued for delivery, renewed, amended or continued  
35 in this state that provides coverage for outpatient prescription drugs  
36 shall not [deny coverage for an insured for any drug that the insurer  
37 removes from its list of covered drugs, or otherwise ceases to provide  
38 coverage for, if (1) the insured was using the drug for the treatment of  
39 a chronic illness prior to the removal or cessation of coverage, (2) the  
40 insured was covered under the policy for the drug prior to the removal  
41 or cessation of coverage, and (3) the insured's attending health care  
42 provider states in writing, after the removal or cessation of coverage,  
43 that the drug is medically necessary and lists the reasons why the drug  
44 is more medically beneficial than the drugs on the list of covered  
45 drugs. Such benefits shall be subject to the same terms and conditions  
46 applicable to all other benefits under such policies] remove any  
47 covered prescription drug from its list of covered drugs or reclassify or  
48 place such drug in a higher cost-sharing tier for the duration of the

49 policy term, except a covered prescription drug may be removed from  
50 such list if such drug is identified as no longer safe and effective by the  
51 federal Food and Drug Administration or by peer-reviewed medical  
52 literature generally recognized by the relevant medical community.  
53 Nothing in this section shall be construed to prohibit the addition of  
54 prescription drugs to such policy's list of covered drugs during a  
55 policy term, provided such addition shall not affect the covered  
56 prescription drugs, or the classification or cost-sharing tier of such  
57 drugs, already on such list during such policy term.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2017</i>	38a-492f
Sec. 2	<i>January 1, 2017</i>	38a-518f

**Statement of Purpose:**

To limit when health insurance policies may change prescription drug formularies during a policy term.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*