General Assembly

Committee Bill No. 6096

January Session, 2019

LCO No. **5598**

Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:
(INS)

AN ACT LIMITING CHANGES TO HEALTH INSURERS' LISTS OF COVERED OUTPATIENT PRESCRIPTION DRUGS.

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 Section 38a-492f of the general statutes is repealed and the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, 2020*):

3 **[**Each**]** (a) Except as provided in subsection (b) of this section, each
4 individual health insurance policy providing coverage of the type
5 specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469
6 delivered, issued for delivery, renewed, amended or continued in this
7 state that provides coverage for outpatient prescription drugs shall
8 not, **[**deny**]** for an insured who is using a covered outpatient
9 prescription drug to treat a chronic illness during a policy year:

10 (1) Deny coverage **[**for an**]** to the insured for any such drug that the
11 insurer removes from its list of covered drugs, or otherwise ceases to
12 **[**provide coverage for**]** cover during such policy year, if **[**(1)**]** (A) the
13 insured was using the drug **[**for the treatment of a chronic illness**]** prior
14 to the removal or cessation of coverage, **[**(2)**]** (B) the insured was

15 covered under the policy for the drug prior to the removal or cessation
16 of coverage, and [(3)] (C) the insured's [attending] prescribing health
17 care provider states, in writing [,] after the removal or cessation of
18 coverage, that the drug is medically necessary and lists the reasons
19 why [the] such drug is more medically beneficial than the drugs on the
20 list of covered drugs; [. Such] or

21 (2) Increase the amount of the coinsurance, copayment or deductible
22 for the drug during the policy year, regardless of whether the insurer
23 removes such drug from such insurer's list of covered drugs or
24 otherwise ceases to cover such drug, unless such policy's list of
25 covered drugs includes, at the time of such increase, another
26 outpatient prescription drug that (A) requires that the insured pay a
27 coinsurance, copayment or deductible in an equal or lesser amount,
28 and (B) is designated as "AA" or "AB" in the most current edition of the
29 "Approved Drug Products with Therapeutic Equivalence Valuations",
30 published by the federal Food and Drug Administration.

31 (b) A policy providing coverage of the type described in subsection
32 (a) of this section may deny coverage to an insured for an outpatient
33 prescription drug:

34 (1) If the drug is (A) not approved by the federal Food and Drug
35 Administration, (B) the subject of a notice, guidance, warning,
36 announcement or any other statement from the federal Food and Drug
37 Administration that calls into question the clinical safety of such drug,
38 or (C) approved by the federal Food and Drug Administration as an
39 over-the-counter drug; or

40 (2) Upon notice to an insured and the insured's prescribing health
41 care provider at least sixty days prior to the effective date of the policy
42 change described in the notice.

43 (c) The benefits required under this section shall be subject to the
44 same terms and conditions applicable to all other benefits under [such
45 policies] the policy that is subject to the provisions of this section.

46 Sec. 2. Section 38a-518f of the general statutes is repealed and the
47 following is substituted in lieu thereof (*Effective January 1, 2020*):

48 **[**Each**]** (a) Except as provided in subsection (b) of this section, each
49 group health insurance policy providing coverage of the type specified
50 in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered,
51 issued for delivery, renewed, amended or continued in this state that
52 provides coverage for outpatient prescription drugs shall not, **[**deny**]**
53 for an insured who is using a covered outpatient prescription drug to
54 treat a chronic illness during a policy year:

55 (1) Deny coverage **[**for an**]** to the insured for any such drug that the
56 insurer removes from its list of covered drugs, or otherwise ceases to
57 **[**provide coverage for**]** cover during such policy year, if **[**(1)**]** (A) the
58 insured was using the drug **[**for the treatment of a chronic illness**]** prior
59 to the removal or cessation of coverage, **[**(2)**]** (B) the insured was
60 covered under the policy for the drug prior to the removal or cessation
61 of coverage, and **[**(3)**]** (C) the insured's **[**attending**]** prescribing health
62 care provider states, in writing **[**,**]** after the removal or cessation of
63 coverage, that the drug is medically necessary and lists the reasons
64 why **[**the**]** such drug is more medically beneficial than the drugs on the
65 list of covered drugs; **[**. Such**]** or

66 (2) Increase the amount of the coinsurance, copayment or deductible
67 for the drug during the policy year, regardless of whether the insurer
68 removes such drug from such insurer's list of covered drugs or
69 otherwise ceases to cover such drug, unless such policy's list of
70 covered drugs includes, at the time of such increase, another
71 outpatient prescription drug that (A) requires that the insured pay a
72 coinsurance, copayment or deductible in an equal or lesser amount,
73 and (B) is designated as "AA" or "AB" in the most current edition of the
74 "Approved Drug Products with Therapeutic Equivalence Valuations",
75 published by the federal Food and Drug Administration.

76 (b) A policy providing coverage of the type described in subsection
77 (a) of this section may deny coverage to an insured for an outpatient

78 prescription drug:

79 (1) If the drug is (A) not approved by the federal Food and Drug
80 Administration, (B) the subject of a notice, guidance, warning,
81 announcement or any other statement from the federal Food and Drug
82 Administration that calls into question the clinical safety of such drug,
83 or (C) approved by the federal Food and Drug Administration as an
84 over-the-counter drug; or

85 (2) Upon notice to an insured and the insured's prescribing health
86 care provider at least sixty days prior to the effective date of the policy
87 change described in the notice.

88 (c) The benefits required under this section shall be subject to the
89 same terms and conditions applicable to all other benefits under **[**such
90 policies**]** the policy that is subject to the provisions of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*January 1, 2020*	38a-492f
Sec. 2	*January 1, 2020*	38a-518f

Statement of Purpose:

To limit when health insurers may change lists of covered outpatient prescription drugs 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.]

Co-Sponsors: REP. COOK, 65th Dist.

H.B. 6096