



General Assembly

Amendment

January Session, 2019

LCO No. 10394



Offered by:

REP. ARESIMOWICZ, 30 th Dist.	SEN. LESSER, 9 th Dist.
REP. RITTER M., 1 st Dist.	REP. MORIN, 28 th Dist.
SEN. LOONEY, 11 th Dist.	REP. NOLAN, 39 th Dist.
SEN. DUFF, 25 th Dist.	REP. PETIT, 22 nd Dist.
SEN. FASANO, 34 th Dist.	REP. REYES, 75 th Dist.
REP. COOK, 65 th Dist.	REP. ROTELLA, 43 rd Dist.
REP. ABERCROMBIE, 83 rd Dist.	REP. RYAN, 139 th Dist.
REP. ALLIE-BRENNAN, 2 nd Dist.	REP. SIMMONS, 144 th Dist.
REP. CANDELARIA, 95 th Dist.	SEN. SOMERS, 18 th Dist.
REP. CONLEY, 40 th Dist.	REP. TURCO, 27 th Dist.
REP. ELLIOTT, 88 th Dist.	REP. WILSON PHEANIOUS, 53 rd Dist.
REP. GODFREY, 110 th Dist.	REP. WOOD, 29 th Dist.
REP. HORN, 64 th Dist.	

To: Subst. House Bill No. 6096

File No. 396

Cal. No. 249

"AN ACT LIMITING CHANGES TO PRESCRIPTION DRUG FORMULARIES AND LISTS OF COVERED DRUGS."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective January 1, 2020*) (a) For the purposes of
4 this section:

5 (1) "Affordable Care Act" has the same meaning as provided in

6 section 38a-1080 of the general statutes;

7 (2) "Health benefit plan" has the same meaning as provided in
8 section 38a-1080 of the general statutes, except that such term shall not
9 include a grandfathered health plan as such term is used in the
10 Affordable Care Act; and

11 (3) "Health carrier" has the same meaning as provided in section
12 38a-1080 of the general statutes.

13 (b) Notwithstanding any provision of the general statutes and
14 except as provided in subsection (c) of this section, no health carrier
15 offering a health benefit plan in this state on or after January 1, 2020,
16 that includes a pharmacy benefit and uses a drug formulary or list of
17 covered drugs shall:

18 (1) Remove a prescription drug from the drug formulary or list of
19 covered drugs during a plan year; or

20 (2) Move a prescription drug from a cost-sharing tier that imposes a
21 lesser coinsurance, copayment or deductible for the prescription drug
22 to a cost-sharing tier that imposes a greater coinsurance, copayment or
23 deductible for such prescription drug during a plan year unless such
24 prescription drug is subject to an in-network coinsurance, copayment
25 or deductible that is not greater than forty dollars per prescription per
26 month in any tier.

27 (c) A health carrier offering a health benefit plan in this state on or
28 after January 1, 2020, that includes a pharmacy benefit and uses a drug
29 formulary or list of covered drugs may:

30 (1) Remove a prescription drug from the drug formulary or list of
31 covered drugs, upon not less than ninety days' advance notice to a
32 covered person and the covered person's treating physician, if:

33 (A) The federal Food and Drug Administration issues an
34 announcement, guidance, notice, warning or statement concerning the
35 prescription drug that calls into question the clinical safety of such

36 prescription drug unless the covered person's treating physician states,
37 in writing, that such prescription drug remains medically necessary
38 despite such announcement, guidance, notice, warning or statement;
39 or

40 (B) The prescription drug is approved by the federal Food and Drug
41 Administration for use without a prescription; and

42 (2) Move a brand name prescription drug from a cost-sharing tier
43 that imposes a lesser coinsurance, copayment or deductible for the
44 brand name prescription drug to a cost-sharing tier that imposes a
45 greater coinsurance, copayment or deductible for such brand name
46 prescription drug if the health carrier adds to such drug formulary or
47 list of covered drugs a generic prescription drug:

48 (A) That is approved by the federal Food and Drug Administration
49 for use as an alternative to such brand name prescription drug; and

50 (B) In a cost-sharing tier that will impose a coinsurance, copayment
51 or deductible for the generic prescription drug that is lesser than the
52 coinsurance, copayment or deductible that will be imposed for such
53 brand name prescription drug.

54 (d) Nothing in this section shall be construed to prevent or prohibit
55 a health carrier from adding a prescription drug to a formulary or list
56 of covered drugs at any time."

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2020	New section