



General Assembly

Amendment

January Session, 2019

LCO No. 10878



Offered by:
SEN. KELLY, 21st Dist.

To: Subst. House Bill No. 6096 File No. 396 Cal. No. 663

(As Amended by House Amendment Schedule "A")

"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. Section 38a-492f of the general statutes is repealed and
4 the following is substituted in lieu thereof (*Effective January 1, 2020*):

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

12 (1) Deny coverage [for an] to the insured for any such drug that the

13 insurer removes from its list of covered drugs, or otherwise ceases to
14 [provide coverage for] cover during such policy year, if [(1)] (A) the
15 insured was using the drug [for the treatment of a chronic illness] prior
16 to the removal or cessation of coverage, [(2)] (B) the insured was
17 covered under the policy for the drug prior to the removal or cessation
18 of coverage, and [(3)] (C) the insured's [attending] prescribing health
19 care provider states, in writing [,] after the removal or cessation of
20 coverage, that the drug is medically necessary and lists the reasons
21 why [the] such drug is more medically beneficial than the drugs on the
22 list of covered drugs; [. Such] or

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

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

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

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

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

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

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

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

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

77 published by the federal Food and Drug Administration.

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

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

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

90 (c) The benefits required under this section shall be subject to the
91 same terms and conditions applicable to all other benefits under [such
92 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